

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 09-50022360  
Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**Application for Residential Building and Trades Permit**

Owner's Name: AMERICAN HOMESMITH Date: 7/24/09  
Site Address: OMAHA DR Phone: 919 600 8988  
Directions to job site from Lillington: HWY 27 W. GO 12 MILES. TURN  
ⓐ INTO TINGEN PT.

Subdivision: TINGEN POINTE Lot: 72  
Description of Proposed Work: NEW SFD #Bedrooms: 3  
Heated SF 1409 Unheated SF 460 Finished Rec Room?          Crawl Space  Slab ()

SCANNED  
8/19/09  
DATE

**General Contractor Information**

AMERICAN HOMESMITH 919 600 8988  
Building Contractor's Company Name Telephone  
PO BOX 97365 68116  
Address License #

[Signature] Must sign & fill out second page  
Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Permit Information**

Description of Work NEW SFD Service Size: 200 Amps TPole:  no  
ABSOLUTE ELECTRIC 919 868 3324  
Electrical Contractor's Company Name Telephone  
246 BOONE TRI. GARNER NC 27529 2A282-L  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Mechanical/HVAC Permit Information**

Description of Work NEW SFD  
CAROLINA COMFORTAIR 919 550-7711  
Mechanical Contractor's Company Name Telephone  
528 W. MARKET ST Smithfield 27577 29077  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work NEW SFD # Baths 3  
Grady's Plumbing 919 422 7715  
Plumbing Contractor's Company Name Telephone  
PO Box 228 Micro NC 27555 19805  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

TRICITY 237 0457  
Insulation Contractor's Company Name & Address Telephone

JUL 24 2009

**Homeowners Applying to Build Their Own Home**

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

- 1. Do you own the land on which this building will be constructed?    \_\_\_ yes    \_\_\_ no
- 2. Have you hired or intend to hire an individual to superintend and manage construction of the project?    \_\_\_ yes    \_\_\_ no
- 3. Do you intend to directly control & supervise construction activities?    \_\_\_ yes    \_\_\_ no
- 4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?    \_\_\_ yes    \_\_\_ no
- 5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?    \_\_\_ yes    \_\_\_ no

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

**EXPIRED PERMIT FEES** - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

[Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation

8/19/09  
Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

The undersigned applicant being the:

General Contractor    \_\_\_ Owner    \_\_\_ Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

\_\_\_ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

\_\_\_ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

\_\_\_ Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Company or Name: [Signature] AMERICAN HAMESMITH

Sign w/Title: [Signature] DIV. MGR    Date: 7/20/09