

* 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 # 0950022361
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

SCANNED
7/23/09
DATE

Application for Residential Building and Trades Permit

Owner's Name: AMERICAN HOMESMITH Date: 7/16/09
Site Address: OMAHA DR Phone: 919 600 8988
Directions to job site from Lillington: HWY 27 W. TURN (L) INTO TINGEN PT OMAHA DR

Subdivision: TINGEN POINTE Lot: ~~83~~ 73
Description of Proposed Work: NEW SINGLE FAM #Bedrooms: 3
Heated SF 1515 Unheated SF _____ Finished Rec Room? _____ Crawl Space Slab ()

General Contractor Information

AMERICAN HOMESMITH 919-676 8100
Building Contractor's Company Name Telephone
PO BOX 97365 RALEIGH NC 27624 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 SF Service Size: _____ Amps TPole: yes/no
ABSOLUTE ELECTRIC 919-868 3324
Electrical Contractor's Company Name Telephone
246 BOONE TRAIL 24282-L
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work NEW SF
CAROLINA COMFORT AIR 919 550-7711
Mechanical Contractor's Company Name Telephone
528 W. MARKET ST SMITHFIELD NC 27577 29077
Address License #
[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work NEW SF # Baths 2
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 FIBER INC 237-0745
Insulation Contractor's Company Name & Address Telephone

JUL 23 2009

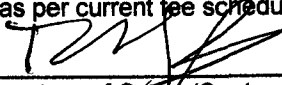
Homeowners Applying to Build Their Own Home

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 of Owner/Contractor/Officer(s) of Corporation

7/16/09
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: AMERICAN HOMESMITH

Sign w/Title:  DIV. MGR Date: 7/16/09