

\* 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 # 095002236A  
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: 10/14/09  
Site Address: OMAHA DR Phone: 919 600 8988  
Directions to job site from Lillington: HWY 27 W. TURN @ AN OMAHA DR

Subdivision: TINGEN POINTS Lot: 78  
Description of Proposed Work: NEW SFD #Bedrooms: 3  
Heated SF 1570 Unheated SF 1422 Finished Rec Room? NO Crawl Space  Slab ( )

**General Contractor Information**  
Building Contractor's Company Name: American Homesmith Telephone: 919 676 8100  
Address: PO Box 97365 Raleigh NC 2762A License #: 68116

**Electrical Permit Information**  
Description of Work: New SFD Service Size: 200 Amps TPole: yes/no  
Electrical Contractor's Company Name: ABSOLUTE ELECTRIC Telephone: 719 868 3324  
Address: 206 Boone Trail Garner License #: 24282-L  
Signature of Officer(s) of Corporation: William Sans

**Mechanical/HVAC Permit Information**  
Description of Work: New SFD  
Mechanical Contractor's Company Name: CAROLINA Comfort Telephone: \_\_\_\_\_  
Address: 528 W Market St Smithfield NC License #: 29077  
Signature of Officer(s) of Corporation: Phillip Tyler

**Plumbing Permit Information**  
Description of Work: New SFD # Baths: 2 1/2  
Plumbing Contractor's Company Name: Crady's Plumbing Telephone: 919 422 7715  
Address: PO Box 228 Micro NC License #: 19806  
Signature of Officer(s) of Corporation: Lawrence Crady

**Insulation Permit Information**  
Insulation Contractor's Company Name & Address: TRICITY Fay NC Telephone: 868055

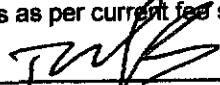
### Homeowners Applying to Build Their Own Home

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

9/29/09  
\_\_\_\_\_  
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:

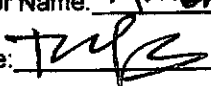
\_\_\_ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

\_\_\_ 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 Homesuita  
Sign w/Title:  DIV MGR    Date: 9/29/09

Plan Box Number H4

Job Name Tingen Pt

Date: 10-15-09

Required Inspections for SFA/SFD

Appl. # 09-50022364

Valuation # 130073

Sq. Feet 2002

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20		Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40		Four Trade Rough In > 2500
40		Three Trade Rough In
40		Three Trade Rough In > 2500
40		Two Trade Rough In
40		Two Trade Rough In > 2500
40		One Trade Rough In
40		One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	Four Trade Final
60		Four Trade Final > 2500
60		Three Trade Final
60		Three Trade Final > 2500
60		Two Trade Final
60		Two Trade Final > 2500
60		One Trade Final
60		One Trade Final > 2500
999		Envir. Operations Permit