\* 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.

|               | = $2$ $1$ $1$ | 105  |
|---------------|---------------|--|
| Application # | <u>aa, </u>   | <u> 401                                   </u> |

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.hamett.org/permits
Application for Residential Building and Tradés Permit

| Directions to job site from Lillington: To                | Ke Hung 27 we                           | st 63                                 | miles       | post          |             |
|---|---|---------------------------------------|-------------|---------------|-------------|
| Western Harnett Subdiver                                  | ion on lett                             | <u> </u>                              |             |               |             |
| Subdivision: Tinga Pointe                                 |   |                                       | Lot:        |               | _           |
| Description of Proposed Work: New                         | Home                                    |                                       | #Bedroo     | ms:           | <del></del> |
| Heated SF Unheated SF                                     | Finished Rec Ro<br>eneral Contractor In | om?                                   |             | Crawl Space ( | ) Slab (    |
| Building Contractor's Company Name                        | 91                                      | 9 528                                 | 134         | 7             |             |
| Building Contractor's Company Name                        | Telep                                   | hone                                  |             |               |             |
| 2500 Cap. 101 Dr. Su. te 10                               | 5 Creedman N                            | c 27522                               | _           | 86295         |             |
| Address   |   | •                                     |             | License #     |             |
| Signature of Owner/Contractor/Officer(s)                  | Must s                                  | sign & fill out                       | second pa   | age           |             |
|   |   | rmation                               |             |               |             |
| Description of Work May 7740                              | Santina Sizar                           |                                       | mps Ti      | Pole: #es/no  |             |
| K.A Tackson Electric Electrical Contractor's Company Name | 90                                      | 9 730                                 |             |               |             |
| Electrical Contractor's Company Name                      | Telep                                   | hone                                  | <del></del> | <del></del>   | -           |
| 9261 Ralingh Rd. Banson NC                                | 2750y                                   |                                       |             | 21144         |             |
| Address   | -                                       | · · · · · · · · · · · · · · · · · · · | _           | License #     | -           |
| Signature of Officer(s) of Corporation                    | <del></del>                             |                                       |             |               |             |
|   |   |                                       |             |               |             |
| Description of Work New Constraction                      | anical/HVAC Permit                      | intormation                           | <u>!</u>    |               |             |
| Mechanical Contractor's Company Name                      |   | 919                                   | 32.9        | 0686          |             |
| nechanical Contractor's Company Name                      |   | Telephone                             | )           |               | •           |
| 343 Shipmark Do. Garner No.                               | C 27529                                 |                                       | K           | 8644          |             |
|   |   |                                       |             | License #     |             |
| ignature of Officer(s) of Corporation                     |   |                                       |             |               |             |
|   | umbing Permit Infor                     |                                       |             |               |             |
| escription of Work New Construction                       | ambing Permit Intor                     |                                       |             |               |             |
| nee Johnson Plantin.                                      | <u> </u>                                |                                       | Baths       | <del></del>   |             |
| umbing Contractor's Company Name                          | <del></del>                             | 210                                   | 424         | 67/2          |             |
| 247 Med O'm Dr 7  | // ./.                                  | Telephone                             |             |               |             |
| 142 Mid Divo R. Fugether                                  | MeNC                                    | _                                     | 0775        | 3-01          |             |
| gnature of Officer(s) of Corporation                      |   |                                       |             | License #     |             |
| enature of Officer(s) of Carpersting                      |   |                                       |             |               |             |
| average of Curcer(s) of Corboration                       |   |                                       |             |               |             |

| Application #  |
|--|
| 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 requestions).  |
| Do you own the land on which this building will be constructed?yesno   |
| Have you hired or intend to hire an individual to superintend and manage construction of the project?  yes no  |
| 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 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.  Signature of Owner/Contractor/Officer(s) of Corporation  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:\_

Sign w/Title:

Date: 8-6-09

JOB Name TINGEN POINT

Date: <u>8-3-</u>09

Plan Box Number\_\_\_

## Required Inspections for SFA/SFD

Appl. # 0950022409 Valuation #117, 403 Sq. Feet 1807

## Sequence

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