Lot 07 Carolina scasus

WHES.

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

Application #

Harnett County Central Permitting
PO Box 65 Liffington, NC 27546
910-893-7525 Fax 910-893-2793 www.hamett.org/permits
ication for Residential Building and Trades Po

Application for residential pulleting and trades remin
Owner's Name: M+P Partners, LLG Date: 7/15/09
Site Address: 449 Green Links Dire Phone: (910) 814-4236
Directions to job site from Lillington: Hw 27 out of Lillington to they 87 N.
Go 'h mile, take (Donto withon welch Rd. Go to end of
wad. Subdinsin across street: Follow Pondusa Trail to Fem kidge. Tak
Subdivision: Carolina Seasons Lot: 67 (P)
Description of Proposed Work: New Home. #Bedrooms: 4
Heated SF 283 Unheated SF 524 Finished Rec Room? XE Crawl Space () Slab LY
General Contractor Information
Jasan Price Construction, Inc. (916) 814-4236
Building Contractor's Company Name Telephone
170 Pire State St. Willington, NC 50859
Address License #
Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation
Description of Work New Horse Service Stee: 200 Amps (Pote: yes/no
Hechical Contractor's Company Name Telephone Telephone
P.D. R.D. 384 BORDWAY 11. C. 27505 11906-LL
Addless -1 License #
James de Commente.
Sometime of Officer(s) of Corporation
Machanical/HVAC Permit Information
Description of Work New Home
Machanical Contractor's Company Name Jackson's Heather + AIC, Tinc. 919-391-5410 Telephone
PO Box 82, Benson, NC 27504 23670
Arthurs -
J. David-Jackson, President
Signature of Officer(s) of Corporation
Plumbing Permit Information
Description of Work New Home # Baths 2.5
Glover Contract Plymbing IRC 919-868-0959
Plumbing Contractor's Company Name Telephone
PO Box 726 <u>33160</u>
Address License #
Signature of Officer(s) of Corporation
Insulation Permit Information
1 / V V V C V V V V V V
Insulation Contractor's Company Name & Address Telephone

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)		
Do you own the land on which this building will be constructed? yes no		
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 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? ves 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 <u>any</u> 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 7/15/04 Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
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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.		
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Plan Box Number <u>F-5</u>

Job Name CAROLINA SEASONS

Date: 7-15-09

Required Inspections for SFA/SFD

Appl. # 09 500 22470 Valuation \$ 217, 914 Sq. Feet 3354

Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	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	R* Insulation
60	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