* 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 9 00 724 94 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 23 29			
	Site Address: 0MA HA 72 Phone: 919 600 898 6			
	Directions to job site from Lillington: 21 w to 12 MILES TURN (E)			
	on omaina DR.			
	- 1 - D			
	Subdivision: TINGEN POINTE Lot: 76			
	Description of Proposed Work: New SFD #Bedrooms: 3			
	Heated SF 1566 Unheated SF 490 Finished Rec Room? Crawl Space Sla	ah ()		
	General Contractor Information	u u ()		
	NIMED 15-00 HOME 4171 919-6-00 8603			
5				
77 77	Building Contractor's Company Name Telephone			
	10 001 91005 CALLIANTO CIPCA 00110			
	Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation			
	Electrical Permit Information			
	Description of Work New Service Size: 200 Amps Teole: ves/no			
	Description of Work New SFD Electrical Permit Information Service Size: 200 Amps Teole: ges/no 1350 VTE FUEGO 919-868 3324 Electrical Contractor's Company Name Telephone			
	Electrical Contractor's Company Name Telephone			
	246 Boone Trail Gruner MC 27529 24282-1			
	Address// License #			
	Address//			
	[VIII Can Tant]			
	Signature of Officer(s) of Corporation			
Mechanical/HVAC Permit Information				
	Description of Work 1000 / P1/			
	Description of Work New Sto			
	Mechanical Contractor's Company Name Telephone			
	528 W. MARKETST SMITHTED NCZIST7 29077			
	Address License #			
	PN/			
	Signature of Officer(s) of Corporation			
	Plumbing Permit Information			
	Description of Work New SFD # Baths 3			
	Plumbing Contractor's Company Name Telephone			
	POBOX 228 MICro, NC 27555 19805			
	Address License #			
	101/0			
	Signature of Officer(s) of Corporation			
Insulation Permit Information				
	TRUTY FAY NC 237 0457			
	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? yesno			
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?			
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?			
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 <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 the schedule.			
7/23/09			
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:			
The undersigned applicant being the:			
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			
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:			
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			
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			
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.			
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			

Plan Box Number 3-6

Job Name TINGEN POINT

Date: 7-27-09

Required Inspections for SFA/SFD

Appl. #<u>0950022</u>494 Valuation<u>#136,180</u> Sq. Feet<u>2096</u>

Sequence

10 10-30 20 20 30-999 30-999 30-999 30-999 40 40 40 40 40 40 40 50 60 60 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 One Trade Rough In One Trade Rough In One Trade Rough In One Trade Final Four Trade Final Four Trade Final Three Trade Final
60	
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit