* Each section below to be filled out by whomever performing work. Must be owner
or licensed contractor. 'Address, company
MODE OF THE PROPERTY AND THE PROPERTY OF THE P
name & phone must match information on
L. T. D. CLERK LITERAL BUILDINGSTICH ON
license.

Address

Signature of Officer(s) of

Corporation

Application	#.
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225/0

## Harnett County Central Permitting PO Box 65 Uillington, NC 27548

Phone 910-893-7525 Fax 910-893-2793 www.harnett.org Application for Residential Building and Trades Permit Owner's Name: K: 11 Clark Site Address: Ofrections to Job site from Ullington: Rt.27 towards Rt.87. Turn left on Tingen Road. Turn left into Subdivision on Strike Eagle Drive. Subdivision: Description of Proposed Work: #Bedrooms: Heated SF 1335 Unheated SF 580 Finished Rec Room? Crawl Space ( ) Slab General Contractor Information Building Contractor's Company Name Telephone 400 Westwood Shopping Center Smite 220 Faxettevil Address Must sign & fill out second page Signature of Owner Contract Officer(s) of Corporation Electrical Permit Information Description of Work Electric New Service Size: 200 Amps TPole (yes) no Sandy Ridge Electeric, Fac Electrical Company Name (910) 323-2458 Telephone 454 Whitehead Faxetheville NC 28312 Address License # Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work 484- ( Mechanical Contractor's Company Name 5217-103 Address Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work Plumbing Contractor's Company Name Telephone INE OR

Insulation Permit Information

TRICity Insolution 4/18 Person St. Fayetterille, NC (910) 486-8855 Insulation Contractor's Company Name & Address 28301 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?	
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 fee scriedule.	
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.	
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.	
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	

PATTON'S POINT

Job Name BILL CLAPKED

Date: 7-23-09

Required Inspections for SFA/SFD

Plan Box Number

Appl. # 695002251 Valuation 4119.692 Sq. Feet 1233

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 > 250050 R\* Insulation 60 Four Trade Final 60 Four Trade Final > 2500 Three Trade Final 60 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

44