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

Application.# 09 500 QQ 54 S Harnett County Central Permitting PO Box 65 Lillington, NC 27548 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit		
Owner's Name: Colby & Lynn Lambert Date: 12/3/09		
Site Address: 5829 Christian Light Rd. Phone: 1919)567-0634		
Directions to job site from Lillington: Take 401 North to Christian Light Rd		
Travel Approximately 6 miles and drive is on left		
past Avietez Rooting. It I farm sign at drivervey.		
Subdivision: Lot:		
Description of Proposed Work: Regionary Construction #Bedrooms:		
Heated SF 3,075 Unheated SF Finished Rec Room? Yes Crawl Space (Slab ()		
General Contractor Information		
Building Contractor's Company Name 99-567-0634 Telephone		
10518. Christrian Light Rd. Francisco un annec		
Address # 27576 License #		
Electrical Permit Information		
Description of Work Service Size: 200 Amps TPole yes no		
Flooring Contraded 2 - 5174		
Electrical Contractor's Company Name Telephone		
Address ALLANTON 491011		
License #		
Signature of Officer(s) of Corporation		
Description of Work Mechanical/HVAC Permit Information		
HIAC COSCIPLISTO		
Mechanical Contractor's Company Name Telephone		
S843 Collassin Nd FU, W. 27526 22035		
Address License #		
7 an, lo ude ad		
Signature of Officer(s) of Corporation		
Plumbing Permit Information Description of Work Plumbing # Baths 7		
Cain Plumbing The		
Cain Plumbing Inc. 919-552-6942 Jumbing Contractor's Company Name Telephone		
10036 July Dakridge Duncan Rd. Tugury Varina 10036		
IIC 7757/ Licance #		
gnature of Officer(s) of Corporation		
Intuistion Permit Information		
resideting Inc. 1212 Home Court, Raleigh, UC (919)772-9000 sulation Contractor's Company Name & Address Telephone		
sulation Confractor's Company Name & Address Telephone		
27603		



. •	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?	
	2. Have you hired or intend to hire an individual to superintend and manage construction of the	
	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?	
Ĺ	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 The Bui	
e E Is	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 Signature of Dwner/Contractor/Officer(s) of Corporation Date	
Do her	Affidavit for Worker's Compensation N.C.G.S. 87-14 he undersigned applicant being the:	
	General Contractor Owner Officer/Agent of the Contractor or Owner of hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work of the 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.		
cove	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance ering themselves.	
	Has no more than two (2) employees and no subcontractors.	
to iss	e working on the project for which this permit is sought it is understood that the Central Permitting surface of the permit and at any time during the permitted work from any person, firm or corporation initially out the work.	
Comp	pany or Name Colby S. Lambert	
Sign v	w/Title: [all 5. fam. Date: 12/3/09	

dustiones Light area

CRAWL

Plan Box Number 61

Job Name Colby Lambert

Date: 12-8-09

Required Inspections for SFA/SFD

Appl. # 09 500 2 5 43
Valuation 245 267
Sq. Feet 3775

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
	operations i citiff