

\* 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.

22556

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 www.harnett.org  
Application for Building and Trade Permit

Application #

Owner's Name: SCOTT LEE HOMES, INC.

Date: \_\_\_\_\_

Address: 69 Jacob Street

Phone: 9195532085

Directions to job site from Lillington: 210 TWDS ANGLIER LEFT ON TO 55HWY 42 THRU FUQUAY LEFT ONTO TRUELOVE RD SUB IS ON RIGHT

Subdivision: JONATHAN RIDGE Lot: \_\_\_\_\_

Construction Type: (Please Check) Building Use: (Please Check)  
 New  Moved House  Residential  Commercial  
 Renovation  Addition  Other  Modular  Multi-Family

Total Project Cost: \_\_\_\_\_ Description of Proposed Work: \_\_\_\_\_

General Contractor Information

Heated SF 996 Crawl Space  Building Construction Cost \$ \_\_\_\_\_  
Unheated SF \_\_\_\_\_ Slab ( ) Acres Disturbed \_\_\_\_\_ Stories 1

SCOTT LEE HOMES, INC 919 553 2085  
Building Contractor's Company Name Telephone

PO BOX 748 CLAYTON, NC 27520 33181  
Address License #

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information

Description of Work ELECTRICAL Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes  No ( ) Underground  Overhead ( )  
Permanent Service: Underground  Overhead ( ) Service Size: 200 Amps

JEFF WILLIS ELECTRIC, INC. 919 550 4700  
Electrical Contractor's Company Name Telephone

5805 CORNWALLIS RD GARNER 27529 15644  
Address License #

Signature of Officer(s) of Corporation  
*Jeff Willis*

Mechanical Permit Information

Description of Work HEATING AND AIR HVAC  
Number of Units 1 Type System HEAT PUMP Mechanical Cost \$ \_\_\_\_\_  
STEPHENSON HEATING & AIR, INC. 919 329 0686

Mechanical Contractor's Company Name Telephone

343 SHIPWASH DR GARNER NC 27529 18644  
Address License #

Signature of Officer(s) of Corporation  
*Sony Stephenson*

Plumbing Permit Information

Description of Work PLUMBING  
Number of Baths 2 Plumbing Cost \$ \_\_\_\_\_  
C & C Select Plumbing 919 625-0163

Plumbing Contractor's Company Name Telephone

421 Watkins Rd Clayton N.C 27520 25464  
Address License #

Signature of Officer(s) of Corporation  
*Bob*

Insulation Permit Information Residential ( ) Other ( ) Not Required ( )

TriCity Insulation 1901Herring Ave Wilson NC 27896 18008497204  
Insulation Contractor's Company Name & Address Telephone

**Affidavit for Worker's Compensation  
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # \_\_\_\_\_ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
- \_\_\_\_\_ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
- \_\_\_\_\_ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
- \_\_\_\_\_ Has/have not 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.

Firm Name: Scott Lee Homes, Inc.  
Sign/Title: Steve J. Wall Assistant Secretary  
Date: \_\_\_\_\_

Crawl

Plan Box Number AA3

Job Name Jonathan Ridge

Date: 7-30-09

Required Inspections for SFA/SFD

Appl. # 09-500 22556

Valuation 171589

Sq. Feet 2641

Sequence

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