· 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

Application # 09-5002222

Harnelt County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org
Application for Residential Building and Trades Permit

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Hamasumara Annhidas to Build Thair Own	Home	
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	
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 done?	construction work to beno	
5. Do you intend to personally occupy the building for at least 12 consecumpletion of construction and do you understand that if you do not do presumption under law that you fraudulently secured the permit?	so, it creates the	
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 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.		
2/2/		
Signature of Owner/Contractor/Officer(s) of Corporation    10-11-01		
and the second of the second o	:	
Affidavit for Worker's Compensation N.C.G. The undersigned applicant being the:	.\$. 87-14	
The undersigned applicant being the:	Contractor or Owner	
The undersigned applicant being the:  X General Contractor Owner Officer/Agent of the Do hereby confirm under penalties of perjury that the person(s), firm(s) or corp.	Contractor or Owner porration(s) performing the work	
The undersigned applicant being the:  X General Contractor Owner Officer/Agent of the Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate forth in the permit:	Contractor or Owner poration(s) performing the work ation insurance to cover them.	
The undersigned applicant being the:  X General Contractor Owner Officer/Agent of the Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpset forth in the permit:  X Has three (3) or more employees and has obtained workers' compensation on the description of the descrip	Contractor or Owner coration(s) performing the work ation insurance to cover them.	
The undersigned applicant being the:  X General Contractor Owner Officer/Agent of the Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate forth in the permit:  X Has three (3) or more employees and has obtained workers' compensate Has one (1) or more subcontractors(s) and has obtained workers' compensate.  X Has one (1) or more subcontractors(s) who has their own policy of workers.	Contractor or Owner coration(s) performing the work ation insurance to cover them.	
The undersigned applicant being the:  X General Contractor Owner Officer/Agent of the Do hereby confirm under penalties of perjury that the person(s), firm(s) or corposet forth in the permit:  X Has three (3) or more employees and has obtained workers' compensation of them.  Has one (1) or more subcontractors(s) and has obtained workers' compensation.  X Has one (1) or more subcontractors(s) who has their own policy of work covering themselves.	Contractor or Owner coration(s) performing the work ation insurance to cover them bensation insurance to cover kers' compensation insurance at the Central Permitting s compensation insurance prior	
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Plan Box Number <u>C-6</u>

Job Name STANCIL BUILDER

Date: 10-22-09

Required Inspections for SFA/SFD

Appl. # 09500 22 722 Valuation # 90, 765 Sq. Feet 1397

## Sequence

10	R* Bldg. Footing 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
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999	Envir. Operations Permit