whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

*

Application # 09 50022775

Application #_ Harnett County Central Permitting PO Box 65 Lillington, NC 27546

PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.hamett.org/permits

Application for Residential Building and Trades Permit		
Owner's Name: Hth Constructors, Inc. Date:		
Site Address: 467 BASLET OAK DRIVE Phone: 90-486-4864		
Directions to job site from Lillington: Hwy 27 W to Nursery Rd (SR 1/17)		
Lett on Nursery Road: Veft on Lemuel Black Kd (SR 1/25)		
left on Valley Oak Dr. into Forest Oaks SD.		
Subdivision: Forest Oaks Lot: 133		
Description of Proposed Work: New Single Family Dwelling #Bedrooms: 3		
Heated SF 1592 Unheated SF 724 Finished Rec Room? 70 Crawl Space (Slab ()		
General Contractor Information		
Ht H COnstructors, Inc. 910.486.4864		
Building Contractor's Company Name Telephone		
2919 Breezewood Ave. Ste 400 31554-U		
Address , License #		
Wung Tww Dermitting Must sign & fill out second page		
Signature of Owner/Contractor/Officer(s) of Corporation		
Electrical Permit Information		
Description of WorkElectrical Cost \$ TS Pole: Yes () No () Underground () Overhead ()		
Permanent Service: Underground () Overhead () Service Size: Amps		
T& N Electric Corp. 910.487.5000		
Electrical Contractor's Company Name Telephone		
4341 Swindon Dr., Fay, NC 28312 28098_JU		
Address License #		
- Elelin I (
Signature of Officer(s) of Corporate		
Mechanical Permit Information Description of Work Number of Units Type System Mechanical Cost S		
Description of Work Number of Units Type System Mechanical Cost \$ [Owoline Comfort Air. Inc. 528 w Warket St. Smith Reld, NC 2791]		
Mechanical Contractor's Company Name U-3-T. Address 919.934-1060		
Signature of Officer(s) of Corporation License # Telephone		
and the second s		
Plumbing Permit Information		
Description of Work Number of Baths Plumbing Cost \$		
VANCE JOHNSON PLUMBING 3242 MID PINE DR., FAYETTEVILLE, NC 28306		
Piumbing Contractor's Conspany Name Address Address 910-424-6712		
Signature of Officer(s) of Corporation License # Telephone		
O :		
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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? yes no		
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? yes no		
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? 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 schedule.		
411 (1144 7 WM) 1/30/09		
Signature of Owner/Contractor/Officer(s) of Corporation ### Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
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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. 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.		
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. 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		

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	AA8
Plan Box Number	MHO

Job Name H+H

Date: 12-10-09

Required Inspections for SFA/SFD

Appl. # 0 9-50022775
Valuation #131 827
Sq. Feet 2029

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