*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.

Application # 09-50022915

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
2-7525 Fay 910-892-2793 www harnett con/nermits

910-893-7525 Fax 910-893-27	iidina and Traces Periiiil
Application for Residential B	Date: 18/28/09
Owner's Name: PBC Homes, INC.	Phone: 910-423-3555
Site Address: 46 Emma Ct.	6 maril 4 bbs to (2)
Directions to job site from Lillington: 401 Seath to	o B an market in Horos
on wire Rd, Pass Josey Williams o	on Lett + lurn righten
Kenlan Rd	
Subdivision: Kenlan Farms	Lot: 36
Islands Value ot al blo	#Bedrooms: 3
Heated SF 1719 Unheated SF 491 Finished Regeneral Contract	tor Information
026 il 4 Tre	410-423-3555
Building Contractor's Company Name	Telephona
5511 Ramsey Sty Sterlog Fay NG 28311	
Address > A / / / \	
// X	Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permi	it Information
Description of Work Service	Size: Amps Pole: yes/no
SUMON RIDGE RECOL INC	<u>910.323.2458</u>
Electrical Contractor a Company in the	Telephone 10006U
454 WHITEHERO RL FAY, N.C. 28	License #
Address	,
Signature of Officer(s) of Corporation Mechanical/HVAC P	ermit Information
Description of Work Heating & Air Installation	
Description of Work	910-858-7300
Mechanical Contractor's Company Name	Telephone
P.O. Box 747, Parkton, NC 28371	
Address	License #
Red L	
Signature of Officer(s) of Corporation Plumbing Permit	f Information
•	
Description of Work PCOM-37~5	# Baths 2
Description of Work Plumsing Inc. Plumbing Inc. Plumbing Contractor's Company Name	<u>910- 237-7996</u> Telephone
406 DeHaviland Drive Fay. N.C. 28311	22895 P-1
Address Address	License #
Signature of Officer(s) of Corporation	
Insulation Permit	<u>Information</u>

Insulation Contractor's Company Name & Address

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)
1. Do you own the land on which this building will be constructed? 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 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?
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. 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.
is as per current fee schedule. 10/29/09 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.
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.
Company or Name: RBC Howes, Inc. Sign w/Title: Pres. Date: 10/38/09
Sign w/Title: Date: 10/28/09

SCAB

	7
Plan Box Number (-	

Job Name RBC Hows

Date: <u>10-30-09</u>

Required Inspections for SFA/SFD

Appl. # 0950022915 Valuation 143457 Sq. Feet 2288

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 crimit