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

Application # 09-500

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

Owner's Name: Jasin Price Construction, In	E. Date: 10/7/09	
Site Address: 425 Green Links Dr.		
Directions to job site from Lillington: Hw 24 owl		
	d of street. Continue down pondersia	
	Green wits. but down forward end of re	
Subdivision: <u>Cawlina Scasons</u>	Lot: <u> </u>	
Description of Proposed Work: New Home		
Heated SF 2787 Unheated SF 576 Finished Rec Room? US Crawl Space () Slab General Contractor Information		
Jason Price Const. Inc.	(910) 814-4236	
Building Contractor's Company Name	Telephone	
170 Pine State St.	<u> 50859</u>	
Address	License #	
Signature of Owner/Contractor/Officer(s) of Corporation	Must sign & fill out second page	
Electrical Per	nit Information	
Description of Work New Home Service	e Size: Low Amps TPole:/yes/no	
MAT Electrical Contrater Inc.	919-258-0208	
Electrical Contractor's Comment Name	Telephone	
P.O. Box 384 Sandway 1. C. 27	Upense #	
Marie Hiloman L.		
Sprature of Officer(a) of Corporation		
<i>y</i> -	Permit Information	
Description of Work New Hone		
Jackson's Heating + AIC. Inc	. 919 · X91 - 5410	
Mechanical Contractor's Company Name	Telephone	
POBOX 82, Benson, NC &	27504 23670	
Address - 1 Co. A	David-Jackson, President	
Signature of Officer(s) of Corporation	MORE DUCK 33 ILLIA CHANE	
	mit Information	
Description of Work New Home	# Baths	
Glover Contract Plumbing Ire		
Plumbing Contractor's Company Name	Telephone	
PO Box 126	99/60	
Address Slawn Ly Dln	License #	
Signature of Officer(s) of Corporation		
Insulation Permit Information Signal Drug She Ko. (919) (661 799 9		
Tatum Fixulation #Inc. Ser Insulation Contractor's Company Name & Address	mit Information if brug stocker. G19)6610999 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)
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
Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? yes no
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.
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Doto D
Signature of Owner/Confractor/Officer(s) of Corporation Date
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Affidavit for Worker's Compensation N.C.G.S. 87-14
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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
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.
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Plan Box Number	P-6

SLAB GARAGE Job Name PROLINA SEASON

Date: 10-8-09

Required Inspections for SFA/SFD

Appl. # 09506 22964 Valuation # 186,013 Sq. Feet 2863

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