Officer(s) of Corporation

Insulation Contractor's Company Name & Address

* Each section below to be filled out by

Application # 095 60 22988 Harnett County Central Permitting PO Box 65 Lillington, NC 27546 3-7525 Fav 910, 903, 2703

910-893-7525 Fax 910-893-2793 www.harnett.org/permits
Application for Residential Building and Trades Permit
Owner's Name: MATHANIEL SHANE SEBASTIAN Date: 9-13-09
Site Address: Powell Farm Rd. Phone: 910-514-2522
Directions to job site from Lillington: Take highway 210 toward spring lake, (8 miles)
TURN Right onto Darroch Rd Cot Flat Branch Church), (3 miles), TURN Left on Powell Farm Rd. Provewal left side around 1/2 mile
Subdivision: Drive just before 535 Powell Form Rd, Lot:
Description of Proposed Work: Build New House #Bedrooms: 3
Heated SF 3054 Unheated SF 599 Finished Rec Room? VCS Crawl Space (Slab () General Contractor Information
Pope Builders 919-868-2912
Building Contractor's Company Name Telephone
305 Wellons Are DINNING C8334 00189 10/14/0
Address License # DATE Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation
Electrical Permit Information Description of Work Wiring New Kousse Service Size: 400 Amps TPole: yes/no
Wayne Power Electric 910-893-5345
Electrical Contractor's Company Name Telephone
Stat Powell Farm Rd, Lillington 158/3-L Address License #
Address License #
Waye towell
Signaturé of Officer(s) of Corporation Mechanical/HVAC Permit Information
Description of Work HVAC
Ball a/c a for. 919-894-5151
Mechanical Contractor's Company Name Telephone
Sxx6 Sllogting 528. Barren Mc 2154 E256
Address License #
Signature of Officer(s) of Corporation
Description of Work New Plumbing Permit Information # Baths 21/2
Plumbing Contractor's Company Name (919)894 2987 Telephone

Insulation Permit Information

Stome Court.

Telephone

Please answer the following questions then see a Permit Technician to determine if yo Questionnaire per G.S. 87-14 Regulations as to Issue of Building	Own Home
Page Storing is being, or a large storing as to issue or building	u qualify for permit under Owners Exemption. Permits (Memo available upon request)
1. Do you own the land on which this building will be constructed	? <u>v</u> yes no
2. Have you hired or intend to hire an individual to superintend a	nd manage construction of the
project?	yes no
3. Do you intend to directly control & supervise construction activ	ities? yes no
4. Do you intend to schedule, contract, or directly pay for all phas	ses 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 n	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 and that the construction will conform to the regulations in the Build Mechanical codes, and the Harnett County Zoning Ordinance. I state contractors is correct as known to me and if <u>any</u> changes occur includinumber of bedrooms, building and trade plans, Environmental Health pechanges, I certify it is my responsibility to notify the Harnett County Ceany and all changes.	ding, Electrical, Plumbing and the information on the above ing listed contractors, site plan, ermit changes or proposed use entral Permitting Department of
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.	,
Namen Mun Julian	9-/3-09
Signature of Owner/Contractor/Officer(s) of Corporation Date	
Affidavit for Worker's Compensation N	ICGS 87-14
The undersigned applicant being the:	1.0.0.0. 07-14
General Contractor Owner Officer/Agent	of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit:	or corporation(s) performing the work
set forth in the permit:	npensation insurance to cover them.
set forth in the permit: Has three (3) or more employees and has obtained workers' com Has one (1) or more subcontractors(s) and has obtained workers them. Has one (1) or more subcontractors(s) who has their own policy of	npensation insurance to cover them. 'compensation insurance to cover
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Application	#
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Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

Certification of Work Performed By Owner/Contractor

40 - 10	
Owner (s) of Structure: Shane & Jill	Selastian
Owner (s) Telephone: 910-514-	- 7522
Owner (s) Mailing Address:	
Construction or Site Address:	
Directions to Job:	
Subdivision:	Lot #:
I JAMIE Johns	have provided or will provide the
Plumbing labo	or on this structure. I am the owner or hold a
NC state <u>Plumbing</u> license,	which entitles me to perform such work on
the above structure legally. All work shall c	omply with the State Building Code and all
other applicable State & local laws, ordinand	ces and regulations.
Owner (s) signature:	Date:
Contractor's signature: Jami John	Date:
Contractor's Name: Jamie Johns.	Date:
County: Harnett	7594
Contractor's License:	

Plan Box Number 6-5

Job Name SEBASTIAN

Date: 10-5-09

Required Inspections for SFA/SFD

Appl. # 69500 22 768 Valuation # 237, 341 Sq. Feet 3653

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