

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 # 09-50023174
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: VIRGINIA HOLMES Date: 12-17-09

Site Address: 1523 BILL AVERY ROAD Phone: (910) 897-5210

Directions to job site from Lillington: 431 TO BUIES CREEK. LEFT ON HWY 27 TOWARDS COATS. LEFT ON BILL AVERY ROAD TO 1523 ON LEFT.

Subdivision: N/A Lot: N/A

Description of Proposed Work: SINGLE FAMILY DWELLING #Bedrooms: 3

Heated SF 1951 Unheated SF 751 Finished Rec Room? NO Crawl Space Slab

General Contractor Information

SELF
Building Contractor's Company Name Telephone

Address License #

Virginia M. Holmes Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work Service Size: Amps TPole: yes/no

SELF
Electrical Contractor's Company Name Telephone

Address License #

Virginia M. Holmes
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work

SELF
Mechanical Contractor's Company Name Telephone

Address License #

Virginia M. Holmes
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work # Baths

SELF
Plumbing Contractor's Company Name Telephone

Address License #

Virginia M. Holmes
Signature of Officer(s) of Corporation

Insulation Permit Information

SELF
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? 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 **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.

Virginia M. Holmes
Signature of Owner/Contractor/Officer(s) of Corporation

12-17-09
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: VERGINIA M. HOLMES

Sign w/Title: Virginia M. Holmes Date: 12-17-09

Plan Box Number 65

Job Name Holmes

Date: 12.17.09

Required Inspections for SFA/SFD

Appl. # 09-5-23174

Valuation 166,197

Sq. Feet 2558

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Four Trade Rough In > 2500
40		Three Trade Rough In
40	<input checked="" type="checkbox"/>	Three Trade Rough In > 2500
40		Two Trade Rough In
40	<input checked="" type="checkbox"/>	Two Trade Rough In > 2500
40		One Trade Rough In
40	<input checked="" type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60		Four Trade Final
60	<input checked="" type="checkbox"/>	Four Trade Final > 2500
60		Three Trade Final
60	<input checked="" type="checkbox"/>	Three Trade Final > 2500
60		Two Trade Final
60	<input checked="" type="checkbox"/>	Two Trade Final > 2500
60		One Trade Final
60	<input checked="" type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit