

* 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 # 23211

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: Bobby Joe Long Date: 12/18/09

Site Address: _____ Phone: 910-893-8486

Directions to job site from Lillington: Take 421 from Lillington to Buies Creek, turn left onto Johnson Farm Rd and go 2 1/2 miles and job site is on right.

Subdivision: _____ Lot: _____

Description of Proposed Work: Residential Home #Bedrooms: 3

Heated SF 3300 Unheated SF 700 Finished Rec Room? NO Crawl Space (X) Slab (X)

General Contractor Information

Southeastern Construction of Buies Creek LLC 919-282-2443

Building Contractor's Company Name Telephone

PO Box 4200 Buies Creek NC 27506 62649

Address License #

[Signature] Must sign & fill out second page

Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work _____ Service Size: 200 Amp Amps TPole: yes

Boyd Dixon Electrical LLC 910-892-3005

Electrical Contractor's Company Name Telephone

3993 Green Path Rd Erwin NC 28339 16759-I

Address License #

Boyd Dixon

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work Electric heat pumps 4 ton / 2 ton

Young's Electric Inc 639-2297

Mechanical Contractor's Company Name Telephone

10590 N NC 210 Angier NC 27501 4469

Address License #

Lemuel Young

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Residential Plumbing # Baths 2.5

ACME Plumbing 422-1219

Plumbing Contractor's Company Name Telephone

PO 724 Buies Creek, NC 27506 11987

Address License #

Kenneth West

Signature of Officer(s) of Corporation

Insulation Permit Information

Insulation Inc.

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.

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

12-18-09
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: Southeastern Construction of Buies Creek LLC

Sign w/Title: *[Signature]* Owner/Mgr

Date: 12-18-09

Plan Box Number B1

Job Name Bobbette Long

Date: 11-16-09

Required Inspections for SFA/SFD

Appl. # 09 500 23211
Valuation # 289123
Sq. Feet 4450

Sequence	Inspection Description	Value
10 <input checked="" type="checkbox"/>	R* Bldg. Footing	
10-30	R* Elec. Temp Service Pole	2096
20 <input checked="" type="checkbox"/>	R* Building Foundation	1314
20	Address Confirmation	
30-999 <input checked="" type="checkbox"/>	Open Floor	1040
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	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 <input checked="" type="checkbox"/>	R* Insulation	
60	Four Trade Final	
60 <input checked="" type="checkbox"/>	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	

