

* 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 # 09-50023212

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: David R Taylor Date: 11-18-09
Site Address: Lots Cinnamon Hill Phone: 919-906-4069
Directions to job site from Lillington: 421 N. turn right at light at Semind
right on walson lake right on sion Kelly left on
Elsie Buchanan
Subdivision: Cinnamon Hill Lot: 5
Description of Proposed Work: new construction #Bedrooms: 3
Heated SF 1440 Unheated SF 487 Finished Rec Room? Crawl Space Slab

General Contractor Information

Thomas Properties 919-906-4069
Building Contractor's Company Name Telephone
PO Box 875 Broadway NC 27505 59452
Address License #
[Signature] Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work new electric Service Size: 200 Amps TPole no
Western Pace 919-499-3946
Electrical Contractor's Company Name Telephone
640 Leslie Rd Sanford NC 27332 12007-0
Address License #
[Signature]
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work New HVAC
Yellow Dot Heating & Air 919-754-8686
Mechanical Contractor's Company Name Telephone
1203 Newhope Rd Raleigh NC 06706
Address License #
[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New plumbing # Baths 2
Jamie Johnson Plumbing 910-591-8111
Plumbing Contractor's Company Name Telephone
1490 Clark Rd Lillington 21649
Address License #

Signature of Officer(s) of Corporation

Insulation Permit Information

Tri-city insulation 910-486-8855
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

11-18-09
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: Steve Thomas Thomas Properties

Sign w/Title: [Signature] owner Date: 11-18-09

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-4759

Certification of Work Performed
By Owner/Contractor

Owner (s) of Structure: _____

Owner (s) Telephone: _____

Owner (s) Mailing Address: _____

Construction or Site Address: _____

Directions to Job: _____

Subdivision: _____ Lot #: _____

I JAMIE Johnson have provided or will provide the
Plumbing labor on this structure. I am the owner or hold a
NC state Plumbing license, which entitles me to perform such work on
the above structure legally. All work shall comply with the State Building Code and all
other applicable State & local laws, ordinances and regulations.

Owner (s) signature: _____ Date: _____

Contractor's signature: Jamie Johnson Date: _____

Contractor's Name: JAMIE Johnson Date: _____

Address: 1490 Clark Rd.

Lillington, N.C. 27546

County: HARNETT

Contractor's License: 21649

- CRAWL
- GARAGE

Plan Box Number C-7

Job Name DAVID TAYLOR

NANCY
 WILKINSON
 11-19-09

Date: 11-19-09

Required Inspections for SFA/SFD

Appl. # 0950023212
 Valuation \$125,200
 Sq. Feet 1927

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	<input type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input type="checkbox"/>	R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40	<input type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	Four Trade Final
60	<input type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit

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