* 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 # 09 500 232 94

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: Acument Comments	Date: 12-14-69
	Phone: 9/4 584 6765
ت <u>بر برا بینز بر</u> :Directions to job site from Lillington	7 west Tole Tisusey
T. R. Alpine T.R. sami	
Subdivision: 5 cc in to 7 (7)	Lot: 152
Description of Proposed Work: A Com He i	S< #Bedrooms: 2
	Rec Room? Crawl Space () Siate sctor Information
CENCE CONST. FAC	984 6765
Building Contractor's Company Name	Telephone
Address	License #
Signature of Owner/Contractor/Officer(s) of Corporation	Must sign & fill out second page n
Electrical Per	mit Information
Description of Work Acu House Service	
TIM POPE LICET Electrical Contractor's Company Name	710 890 - 3655 Telephone
3483 Cameron or.	21326
Address	License #
Signature of Officer(s) of Corporation Mechanical Pe	rmit Information
Description of Work NEW House	
Carolina Company Air	<u>419 333 4320</u> Telephone
52/2 50 US 70 W Clay 2	UN NC 17520 H3-2907
Address Pacel	License #
ignature of Officer(s) of Corporation	mit Information
Pescription of Work New House	# Baths
Jumping Contractor's Company Name	510 984 6277
14 90 Clark 80 2/1/10st	1616 1546 1645 License #
ddress/	License #
anul Johnson	
igrature of Officer(s) of Corporation Insulation Perr	nit Information
Man Dite	
nsulation 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)		
Do you own the land on which this building will be constructed?		
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?		
Do you intend to directly control & supervise construction activities?		
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?		
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		
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 of Owner/Contractor/Officer(s) of Corporation Date		
Signature of Owner/Contractor/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		
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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 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		
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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 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.		
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t Cal

Plan Box Number F 7

Job Name K. Cummings

Date: 12-15-09

Required Inspections for SFA/SFD

Appl. # 69-5002329 \\
Valuation # 16-5002329 \\
Sq. Feet 283|

Sequence

10-30	10	R* Bldg. Footing
R* Building Foundation Address Confirmation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Four Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Rough In One Trade Final Four Trade Final Four Trade Final Three Trade Final Three Trade Final Two Trade Final One Trade Final	10-30	
Address Confirmation	20	R* Building Foundation
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