*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 # ____0950023304_ 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: Michael S & Deanna F Barefo	ot Date: 12-9-2009 (e)
Site Address: 365 Cottlelake Dr, Coats, NC	Phone: 910-897-2120//9/9/669-632
Directions to job site from Lillington: 421 towards right on Brick Mill Rd. Subdivision i	Dunn, left on Old Stage Rd, s on left. Left on
Cottlelake Dr. Lot 34 is on left clos	e to cul-de-sac.
Subdivision:Cottlestone Estates	Lot:
Description of Proposed Work: primary residence 3462	ce#Bedrooms:4
Heated SF Unheated SF Finished R General Contract	ec Room?yes Crawl Space () Slab (x)
S&D Homebuilders, LLC	919-669-6327
Building Contractor's Company Name 149 Colt Ave Coats, NC 27521	Telephone 50549
Musica Shawater	License # Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation Flocifical Parts Description of Work	
Signature of Officer(s) of Corporation	Ucense #
Mechanical Perm	k Information
tumber of Units Type System 1744	1/2-191-50/D 071-624-0486
Vechanical Contractor's Company Name	Telephone
F. Dail Dack	License #
ignature of Officer(s) of Corporation	
Plumbing Permit	<u>Information</u>
L. P. Towel Phonobing, LNC	Plumbing Cost \$
symboling Contractor's Company Name 10. Box 16 4 Kelson MC 17804	O7958
deres P D have	License #
Igheture of Officer(s) of Corporation	
Insulation Contractor's Company Name & Address FA	VINTON Rd (910) 483-819/ yeTreville, NIC 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? 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 <u>any</u> 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.
Mula/Mar 12-09-2009
Cignoture of Owner/Contractof Officer(s) of Corporation Date
Signature of Owner/Contract Officer(s) of Corporation Date
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: XX General Contractor Owner Owner Officer/Agent of the Contractor or Owner
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 The undersigned applicant being the: XX 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
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: XX 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:
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: XX 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
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: XX 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. XX Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: XX 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. XX Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: XX 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. XX 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

Plan Box Number_	\mathcal{D}	7	
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Job Name Barefoot

Date: 12-11-09

Required Inspections for SFA/SFD

Appl. # 09-50023304 Valuation #268137 Sq. Feet 4127

Sequence

10	
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	
40	Four Trade Rough In
40	Four Trade Rough In> 2500
	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	·
999	One Trade Final > 2500
))) <u> </u>	Envir. Operations Permit

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