

* 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 # 0950023416

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: Regency Homes Inc Date: _____
Site Address: 1500 Dental Ln Fay, NC 28314 Phone: 910-424-0455
Directions to job site from Lillington: 87 N from Spring Lake About 10 miles to HWY 27. Turn (R) on HWY 27 and go 1 mile to Hoover Rd. Turn (L) go about 1 1/2 miles on L
Subdivision: Persimmon Hills Lot: 12
Description of Proposed Work: New Home Construction #Bedrooms: _____
Heated SF _____ Unheated SF _____ Finished Rec Room? _____ Crawl Space (X) Slab ()

General Contractor Information

Regency Homes Inc 910-424-0455
Building Contractor's Company Name Telephone
1500 Dental Ln Fay, NC 28314 32067-U
Address License #

Signature of Owner/Contractor/Officer(s) of Corporation _____ Must sign & fill out second page

Electrical Permit Information

Description of Work Electrical Service Size: 200 Amps TPole: (yes) no
Allman Electric 910-485-8617
Electrical Contractor's Company Name Telephone
345 Wilkes Rd Fay NC 28306 6136-U
Address License #

Signature of Officer(s) of Corporation _____

Mechanical/HVAC Permit Information

Description of Work HVAC
Certified Heating & Air 910-858-0000
Mechanical Contractor's Company Name Telephone
P.O. Box 1071 Hope Mills NC 28348 NC 20012
Address License #

Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work Plumbing # Baths _____
Bill Hallock Plumbing 910-858-4139
Plumbing Contractor's Company Name Telephone
2418 NC Hwy 71 N Parkton, NC 28371 24037
Address License #

Signature of Officer(s) of Corporation _____

Insulation Permit Information

Tri-City Insulation 418 Person St Fay NC
Insulation Contractor's Company Name & Address Telephone
910-486-8855

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

Date _____

12/8/09

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: Regency Homes Inc

Sign w/Title: _____ Date: _____

Crawl

Plan Box Number D4

Job Name Regency

Date: 12-11-09

Required Inspections for SFA/SFD

Appl. # 09 500 23416

Valuation # 195564

Sq. Feet 3010

Sequence

10	<u>✓</u>	R* Bldg. Footing
10-30	<u></u>	R* Elec. Temp Service Pole
20	<u>✓</u>	R* Building Foundation
20	<u></u>	Address Confirmation
30-999	<u>✓</u>	Open Floor
30-999	<u></u>	R* Bldg. Slab Insp.
30-999	<u></u>	R* Elec. Under Slab
30-999	<u></u>	R*Plumb. Under Slab
40	<u>✓</u>	Four Trade Rough In
40	<u></u>	Four Trade Rough In > 2500
40	<u></u>	Three Trade Rough In
40	<u></u>	Three Trade Rough In > 2500
40	<u></u>	Two Trade Rough In
40	<u></u>	Two Trade Rough In > 2500
40	<u></u>	One Trade Rough In
40	<u></u>	One Trade Rough In > 2500
50	<u>✓</u>	R* Insulation
60	<u>✓</u>	Four Trade Final
60	<u></u>	Four Trade Final > 2500
60	<u></u>	Three Trade Final
60	<u></u>	Three Trade Final > 2500
60	<u></u>	Two Trade Final
60	<u></u>	Two Trade Final > 2500
60	<u></u>	One Trade Final
60	<u></u>	One Trade Final > 2500
999	<u></u>	Envir. Operations Permit