

* 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 # 23524

Hamett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.hamett.org

Application for Residential Building and Trades Permit

Owner's Name: Hugh Surles Builders Date: 1-15-10
Site Address: _____ Phone: 919 422 7065
Directions to job site from Lillington: 10 miles south of Lillington on 210. Take
Left on Laster Rd. for 5 mile

Subdivision: Walnut Grove Lot: 27
Description of Proposed Work: New construction #Bedrooms: 3
Heated SF 2492 Unheated SF 861 Finished Rec Room? yes Crawl Space Slab ()

General Contractor Information
Building Contractor's Company Name: Hugh Surles Builders Telephone: 919 422 7065
7206 NC 910 N Angler NC 27501 License # 62559
Address: _____

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

Electrical Permit Information
Description of Work: _____ Service Size: _____ Amps TPole: yes/no
Rex Dean Electrical Telephone: 919 552 4281
Electrical Contractor's Company Name: _____
8039 Kennebec Rd. Willow Springs NC License # 5748
Address: _____

Signature of Officer(s) of Corporation: _____

Mechanical Permit Information
Description of Work: _____
Youngs Electric Inc Telephone: 639 2297
Mechanical Contractor's Company Name: _____
PO Box 398 Angler NC License # 404469
Address: _____

Signature of Officer(s) of Corporation: _____

Plumbing Permit Information
Description of Work: _____ # Baths: _____
W&W Plumbing Telephone: 639-0195
Plumbing Contractor's Company Name: _____
PO Box 1004 Angler NC License # 14087
Address: _____

Signature of Officer(s) of Corporation: _____

Insulation Permit Information
Insulation Contractor's Company Name & Address: Insulating Inc 1212 Hamlet Raleigh Telephone: 772 9000

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

1-15-10
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: W. J. Builders

Sign w/Title: [Signature] Date: 1-15-10

Plan Box Number E-1

Job Name Walnut Grove

Date: 01-15-10

Required Inspections for SFA/SFD

Appl. # 10-50023542
Valuation \$197,189
Sq. Feet 3035

Sequence

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