

* 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 # 1050023743

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

SCANNED
2/15/10
DATE

Owner's Name: AMER HOMESMITH Date: 2/3/10
Site Address: GOLD CT Phone: 919 600 8988
Directions to job site from Lillington: Hwy 27 W to a TURN DON OMAHA DR

Subdivision: TINGEN POINTE Lot: 90
Description of Proposed Work: NEW SFD #Bedrooms: 3
Heated SF 1367 Unheated SF 598 Finished Rec Room? NO Crawl Space () Stab

General Contractor Information

AMERICAN HOMESMITH 919 676 8100
Building Contractor's Company Name Telephone
PO BOX 97365 68116
Address License #

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

Electrical Permit Information

Description of Work NEW SFD Service Size: 200 Amps TPole: yes/no
ABSOLUTE ELECTRIC 919 868 3324
Electrical Contractor's Company Name Telephone
296 BOONE TRL GAEVER NC 29282-L
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work NEW SFD
Carolina Comfort Air 919-333 4320
Mechanical Contractor's Company Name Telephone
520 W Market St Smithfield NC 19806 29077
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work NEW SFD # Baths 2
GRADYS PLUMBING 919 422 7715
Plumbing Contractor's Company Name Telephone
PO Box 228 Micro NC 19806
Address License #

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

TCI Raleigh NC 919 369 7946
Insulation Contractor's Company Name & Address Telephone

FEB 15 2010

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

2/3/10
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.

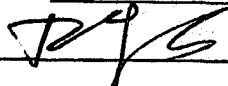
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: AMERICAN HAMESMITH

Sign w/Title:  MANAGER Date: 2/3/10

SLAB

Plan Box Number AA-14

Job Name Tingen Ponte.

Date: 2-16-10

Required Inspections for SFA/SFD

Appl. # 1050823743

Valuation 127669

Sq. Feet 1965

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20		Address Confirmation
30-999		Open Floor
30-999	<input checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40		Four Trade Rough In > 2500
40		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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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		One Trade Final > 2500
999		Envir. Operations Permit