

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits **87**

Application for Residential Building and Trades Permit

Owner's Name: AMERICAN HOMESMITH Date: 4-26-10
Site Address: GOLD CT Phone: 919-600-8988
Directions to job site from Lillington: Hwy 27 W. TURN (1) ON OMAHA
TURN (2) ON GOLD CT

Subdivision: TINGEN POINTE Lot: 87
Description of Proposed Work: NEW SFD # of Bedrooms: 3
Heated SF: 1578 Unheated SF: 440 Finished Bonus Room? NO Crawl Space: Slab: ✓

General Contractor Information

AMERICAN HOMESMITH 919-676-8100
Building Contractor's Company Name Telephone
PO BOX 97365 RALEIGH, NC 27526 twebb@americanhomesmith.com
Address Email Address
[Signature] 68116
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information

Description of Work new sfd Service Size: 200 Amps T-Pole: ✓ Yes No
ABSOLUTE ELECTRICAL SERVICES 919-868-3324
Electrical Contractor's Company Name Telephone
246 BOONE TRL GARNER NC 27529
Address Email Address
[Signature] 24282-L
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical/HVAC Contractor Information

Description of Work NEW SFD
CHARLINA WYNFORD AIR 919 550 7711
Mechanical Contractor's Company Name Telephone
5211 HWY 70 E CAYNE NC 27520
Address Email Address
[Signature] 29077
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information

Description of Work NEW SFD # Baths 2.5
GRADYS PLUMBING 919-422-7715
Plumbing Contractor's Company Name Telephone
PO BOX 228 MICRO, NC 27555
Address Email Address
[Signature] 19806
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

TRICITY 418 PERSON ST FAYETTEVILLE, NC 28301
Insulation Contractor's Company Name & Address Telephone 910 486 8855

*NOTE: General Contractor must fill out and sign the second page of this application.

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.

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.

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

4/26/10
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 HOMESMITH

Sign w/Title: *[Signature]* DIV MGR Date: 4-26-10

SLAB

Plan Box Number AA14

Job Name Tungen Pond

Date: 4-22-10

Required Inspections for SFA/SFD

Appl. # 10-500 23754

Valuation \$157621

Sq. Feet 2426

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	<input checked="" type="checkbox"/>	R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40	<input checked="" type="checkbox"/>	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