

Application # 1050023755

\* 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 85 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**Application for Residential Building and Trades Permit**

SCANNED  
7/9/10  
DATE

Owner's Name: AMERICAN HOMESMITH Date: 6-10-2010  
Site Address: 44 GOLD CT Phone: 919-600-8988  
Directions to job site from Lillington: HWY 27 WEST. TURN LEFT ON OMAHAS DR. TURN RIGHT ON GOLD CT

Subdivision: TINGEN POINTE Lot: 88  
Description of Proposed Work: NEW SFD # of Bedrooms: 3  
Heated SF: 1197 Unheated SF: 460 Finished Bonus Room?      Crawl Space:      Slab:

**General Contractor Information**

AMERICAN HOMESMITH 919-600-8988  
Building Contractor's Company Name Telephone  
PO BOX 97365 RALEIGH, NC 27624  
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 919-868-3324  
Electrical Contractor's Company Name Telephone  
246 BOONE TRL GARNER, NC  
Address Email Address  
[Signature] 24282-L  
Signature of Owner/Contractor/Officer(s) of Corporation License #

JUL X7 ENTD

**Mechanical/HVAC Contractor Information**

Description of Work NEW SFD  
CAROLINA COMFORT AIR 919-550-7711  
Mechanical Contractor's Company Name Telephone  
HWY 70 EAST CLAYTON, NC  
Address Email Address  
[Signature] 29077  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Plumbing Contractor Information**

Description of Work NEW SFD # Baths 2  
GRADYS PLUMBING 919-422-7715  
Plumbing Contractor's Company Name Telephone  
PO BOX 228 MICRO NC  
Address Email Address  
[Signature] 19806  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Insulation Contractor Information**

TRICITY FAYETTEVILLE, NC 910-486-8555  
Insulation Contractor's Company Name & Address Telephone

\*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 of Owner/Contractor/Officer(s) of Corporation

6-10-10

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:  

Date: 6-10-2010

Slab.

Plan Box Number AA14

Job Name Turgeon Pt.

Date: 7-7-10

Required Inspections for SFA/SFD

Appl. # 10, 52023755  
Valuation # 105513  
Sq. Feet 1624

Sequence

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