\* 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 # 10-500-23757

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

LOTON R

DATE

Owner's Name: PALMETTO BUILDING INC Date: 9-18-10
Site Address: LOT 23 (126 SAW GRASS CT.) Phone: 919-795-0211
Directions to job site from Lillington: Hwy 210 South From LILLINGTON. GO
9 MILES TIL ONTO LASATER RO. GO VY MILE AND
TIL INTO 2ND ENTRANCE TO SUBDIVISION ONTO SAW GRASS CT.
Subdivision: WALNUT GROVE Lot: 23
Description of Proposed Work: RESIDENTIAL CONSTRUCTION#Bedrooms: 3
Heated SF 2100 Unheated SF 300 Finished Rec Room? VFS Crawl Space (1) Slab (1)
General Contractor Information
PALMETTO BUILDING INC 9/9-795-02/1
Building Contractor's Company Name Telephone
PO BOX 1008 HOLLY SPRINGS NL 27540 67349
Address License #
Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation
Electrical Permit Information
Description of Work Rought IN TRIM Service Size: 200 Amps TPole (yes) no
MABRY'S ELECTRICAL SERVICE 919-639-4837
Electrical Contractor's Company Name Telephone
731 MASRY LO HNGIER NC 27501 15077U
Address License #
Lomb Ca
Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work Kough IN + TAYM OUT HVAC
M bH WEATING+ ALR COMPANY 919-552-9223
Mechanical Contractor's Company Name  Telephone
126 S. FUQUAT AVE FUDUAT VARINA 27526 4412
Address License #
Sphature of Officer(s) of Corporation
Plumbing Permit Information
Description of Work Kumbing Rough IN & TRIM OUT # Baths 3
EVANS PLUMBING 919-772-9133
Plumbing Contractor's Company Name Telephone
102 SIGMA DR. GARNER NC 27529 7035
Address #
O'Contraction (Company)
Signature of Officer(s) of Corporation  Insulation Permit Information
11 - 12
Insulation Contractor's Company Name & Address  Telephone
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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)
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?
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
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
The undersigned applicant being the:
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
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:
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
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
The undersigned applicant being the:  General Contractor  Owner  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.
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

Plan	Box	Number	$\int$	-2

Job Name DALNUX Grave #23
Date: 9-28-10

## Required Inspections for SFA/SFD

Appl. # 10-523757 Valuation # 145.536 Sq. Feet 2240

## Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R.* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	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	R* Insulation
60	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	<b>Envir. Operations Permit</b>