* 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 #	23764	
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Harnett County Central Permitting

PO Box 85 Lillington, NC 27548 Phone 910-893-7525 Fax 910-893-2793 www.harnett.org Application for Residential Building and Trades Permit Site Address: Directions to job site from Lillington: Rt.27 towards Rt.87. Turn left on Tingen Road. Turn left into Subdivision on Strike Eagle Drive. Subdivision: Description of Proposed Work: _Siag #Bedrooms: Heated SF 1430 Unheated SF 480 Finished Rec Room? Crawl Space () Slab General Contractor Information Building Contractor's Company Name Telephone PO BOX BYOZI Address Must sign & fill out second page Signature of Owner/Contract or/Officer(s) of Corporation Electrical Permit Information Description of Work Service Size: 200 Amps TPoler yes/no Sandy Kidge Electeric 910) 323-245 Electrical Contractor's Company Name Telephone 28312 Address Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work Mechanical Contractor's Company Name Telephone 5217-1 Address

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work # Baths Plumbing Contractor's Company Name Telephane

Address

Signature of Officer(s) of Corporation

Insulation Permit Information

4/8 Pirson St. Fayetteville NC Name & Address 28301 TRICITY Insulation Insulation Contractor's Company Name & Address

Application #	23764
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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?yesno
Have you hired or intend to hire an individual to superintend and manage construction of the project? yes no
Do you intend to directly control & supervise construction activities? yes no
Do you intend to schedule, contract, or directly pay for all phases of construction work to be 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?
yesno
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 12/15/09 Date
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:
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:
set forth in the permit: Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
section 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
Has one (1) or more subcontractors(s) 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.
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 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	k Number	AA-7	

Job Name PATTONS POINT

Date: __02-10-2010

Required Inspections for SFA/SFD

Appl. # 10-50023764

Valuation \$127,214

Sq. Feet 1958

Sequence

10 x	R* Bldg. Footing
10-30 x	R* Flee Town Soming Date
20 x	R* Elec. Temp Service Pole
20 x	R* Building Foundation
30-999	Address Confirmation
20.000	Open Floor
30 000	R* Bldg. Slab Insp.
20.000	R* Elec. Under Slab
30-999 <u>x</u> 40 v	R*Plumb. Under Slab
40x 40	Four Trade Rough In
	Four Trade Rough In> 2500
40x	Three Trade Rough In
40	Three Trade Rough In> 2500
40x	Two Trade Rough In
40	Two Trade Rough In> 2500
40x	One Trade Rough In
40	One Trade Rough In > 2500
50x	R* Insulation
60	Four Trade Final
60	Four Trade Final > 2500
60 <u> </u>	Three Trade Final
60	Three Trade Final > 2500
60x	Two Trade Final
60	Two Trade Final > 2500
60x	One Trade Final
60	One Trade Final > 2500
999 x	Envir. Operations Permit
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