*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 5 00 23780

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
Owner's Name: Record Homes Tro
Site Address: 105010 Dental un Fay, NC DR314Phone: 910-404-0455
Directions to job site from Lillington:
HWY 87 North to HWYZY. Go West on HWY
24 for 2 miles. Take Left on marks Rd. Asheford is on left
Subdivision: Asheford Lot: 95
Description of Proposed Work: New Residential Con #Bedrooms:
Heated SF Unheated SF Finished Rec Room? Crawl Space (*) Slab (General Contractor Information
Regency Homes Inc 910-424-0455
Building Contractor's Company Name Telephone LISOLO Dental Lin Fay, NC 08314 300:07-U
Address License #
Must size 8 60 automate
and the of Owner/Contractor/Officer(s) of Corporation
Description of Work Francisco Service Size: OO Amps TPole:(yes)no
Allman Electric 910-495-9101
Electrical Contractor's Company Name Telephone
345 Wilkes Rd Fay NC 08300 6136-U
Address License #
Signature of Officer(s) of Corporation
Mechanical/HVAC Permit Information
Description of Work HVAC
Cortified Heating 3 Air 910-858-1222
Mechanical Contractor's Company Name Telephone
PO BOX 1071 HOPEMILLS NC 28348 NC 20012
Address License #
Signature of Officer(s) of Corporation
Plumbing Permit Information
Description of Work Plumbing #Baths
Bill Hallock Plumbing 910-858-4130
Plumbing Contractor's Company Name Telephone
HO18 NC HMU7IN Parkton NCO8371 04037
Address License #
Selecter & Willer
Signature of Officer(s) of Gorporation Insulation Permit Information
Iri-Citu Insulation 415 Person St Four NO
nsulation Contractor's Company Name & Address Telephone
010.00-

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			
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			
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:			
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 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 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: Progracy Homes Inc			
Sign w/Title: Date:			

Application #_

Plan Box	Number	. (/)	7

Job Name <u>Reger Cu</u>

Date: <u>2-16-10</u>

Required Inspections for SFA/SFD

Appl. # 10 - 500 23 780 Valuation #16 52 87 Sq. Feet 25 44

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	Envir. Operations Permit