

\* 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 23781


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

**Application for Residential Building and Trades Permit**

Owner's Name: Regency Homes Inc Date: \_\_\_\_\_  
Site Address: 6506 Dental Ln Fay, NC 28314 Phone: 910-424-0455  
Directions to job site from Lillington: HWY 87 North to HWY 24.  
Go West on Hwy 24 for 2 miles. TAKE Left  
on Marks Road. Asheford is on the left.  
Subdivision: Asheford Lot: 96  
Description of Proposed Work: New Residential Construction #Bedrooms: \_\_\_\_\_  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Rec Room? \_\_\_\_\_ Crawl Space ( Slab ( )

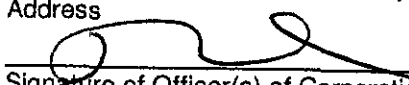
**General Contractor Information**

Regency Homes Inc 910-424-0455  
Building Contractor's Company Name Telephone  
6506 Dental Ln Fay, NC 28314 32067-U  
Address License #

  
Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page

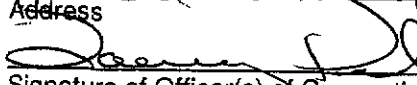
**Electrical Permit Information**

Description of Work Electrical Service Size: 200 Amps TPole:  yes/no  
Allman Electric 910-485-8617  
Electrical Contractor's Company Name Telephone  
345 Wilkes Rd Fay NC 28306 6136-U  
Address License #

  
Signature of Officer(s) of Corporation

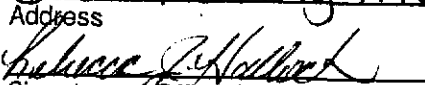
**Mechanical/HVAC Permit Information**

Description of Work HVAC  
Certified Heating & Air 910-858-0000  
Mechanical Contractor's Company Name Telephone  
P.O. Box 1071 Hope Mills NC 28348 NC 20012  
Address License #

  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Plumbing # Baths \_\_\_\_\_  
Bill Hallock Plumbing 910-858-4139  
Plumbing Contractor's Company Name Telephone  
2408 NC Hwy 71 N Parkton, NC 28371 24037  
Address License #

  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Tri-City Insulation 418 Person St Fay NC  
Insulation Contractor's Company Name & Address Telephone  
910-486-8855

**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.

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 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: \_\_\_\_\_

Regency Homes Inc

Sign w/Title: \_\_\_\_\_

Date: \_\_\_\_\_

# Ashford Canal

Plan Box Number C7

Job Name Regency

Date: 2-16

## Required Inspections for SFA/SFD

Appl. # 10-50023781

Valuation # 156126

Sq. Feet 2403

### 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	<input checked="" type="checkbox"/>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R* Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<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