whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

*

Insulation Contractor's Company Name & Address

performing work. Must be owner	I	Application #	10-500 23418	
d contractor. Address, company none must match information on		y Central Permitting illington, NC 27546		
	910-893-7525 Fax 910-89	3-2793 www.harnett.org/pe	ermits	
113 - 27 -		al Building and Trad	es Permit	
Owner's Name: <u>H+H CD</u>	1Structors, Inc	<u>. </u>	Pate:	
Site Address: 30 VICTO	RIAN DAK (COURT Phone:	910-486-4864	
Directions to job site from Lillington: Hww 27 W to Nursery Rd (SR 1/17).				
left on Nursery Road: Veft on Lemuel Black Rd (SR 1125)				
left on Valley De	k Dr. into Fo	ovest Oaks SD	·	/
Subdivision: Forest Oal			ot:	
Description of Proposed Work:	New Single	Family Dwelling #	Bedrooms: 4	
Heated SF <u>1949</u> Unheated	SF <u>552</u> Finished	Rec Room?)()
1111/ Procharator	General Conti	ractor Information <u> </u>	1964	
HTH (WISTVUCTOR Building Contractor's Company	S, LNC.	Telephone	- 00 /	
2919 Breezewood		relephone	31571-11	
Address Address	F10E1, 51C 700		License #	
MI CLULG TWW	Dermitting	Must sign & fill out s	second page	
Signature of Owner/Contractor				
Description of Work	Electrical Per	mit Information Electrical Cost \$	_	
TS Pole: Yes () No () Und		nead()		
Permanent Service: Undergrou		Service Size:	Amps	
TEN Electric Corp		910-487-50	1 2	
Electrical Contractor's Compan		Telephone	> chCa	
4341 Swinder Dr.	Fay., NC 2831	<u> </u>	1 icense #	
Address	1 /		Electise #	-
Signature of Officer(s) of Corpo		-	·	
	Mechanical Permit	Information	Mechanical Cost 5	
Description of Work	Number of Units	Type System 1 Market ≤t, Smith	RUJ, NC 27577	•
Mechanical Compactor's Comp		Address	921-1060	
-	H-3 r		elephone .	
Signature of Officer(s) of Corp.	oration License #	,	, várazora	
	_ -	• • • • • • • • • • • • • • • • • • • •	<u> </u>	
•		•		
	791 3 Th	_is todownotion	•	
Description of Work	Plumbing Pern Number of Ba		Cost \$	
VANCE JOHNSON PLUM		D PINE DR. FAYETI		
Plumbing Contractor's Corse			Address	
William Would	7756 P1		<u>910-424-6712</u>	
Signature of Officer(s) of Con	poration Licer	ise #	Telephone	
		•		
		-		
		tential () Other () N	let Peguired ()	
	—u Information Resid	sentral () Other () N	iotizadou en ()	

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?				
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 <u>any</u> 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 3-30-10 Date				
Signature of Owner/Contractor/Officer(s) of Corporation Date				
Affidavit for Worker's Compensation N.C.G.S. 87-14				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
Affidavit for Worker's Compensation N.C.G.S. 87-14				
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				
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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				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
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.				
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				

Plan Box Number	AA8
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Job Name Fourt Oaks
Date: 4-6-10

Required Inspections for SFA/SFD

Appl. # 10 - 50023918 Valuation 153917 Sq. Feet 2364

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