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

\*

Application # 10-500-239/9

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: / Date: 177 Subdivision: Lot: Welling #Bedrooms: Description of Proposed Work: Unheated SF 636 Finished Rec Room? Crawl Space ( ) Slab ( ) **General Contractor Information** Telephone Building Contractor's Company Name Breezewood Address Manatunn Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit Information Description of Work Electrical Cost \$ No () Underground () Overhead() TS Pole: Yes () Permanent Service: Underground () Overhead () Service Size: \* N Electric Corp. 910-497-5000 Electrical Contractor's Company Name Telephone Swinden Dr. Address License # Signature of Officer(s) of Corporate Mechanical Permit Information Mechanical Cost S Type System Number of Units Description of Work Carolina Comfort Air. Inc. Mechanical Contractor's Company Name Telephone Signature of Officer(s) of Corporation Plumbing Permit Information Plumbing Cost \$ Description of Work Number of Baths VANCE JOHNSON PLUMBING 3242 MID PINE DR., FAYETTEVILLE, NC 28306 Address Plumbing Contractor's Company Name 910-424-6712 7756 P1 Telephone License #

nsulation Permit Information Residential () Other () Not Required () whation-418 Person St. Fay, NC 28301 910-486-8855 Insulation Contractor's Company Name & Address

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?
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 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. <b>EXPIRED PERMIT FEES</b> - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.
1/11/11/11/11/11/11/11/11/11/11/11/11/1
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:
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 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 covering themselves.  Has no more than two (2) employees and no subcontractors.
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.
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	AA	8	
-----------------	----	---	--

Job Name Forest Oaks

Date: 4-6-18

## Required Inspections for SFA/SFD

Appl. # 10-50023919 Valuation 153592 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