

* 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.

6-1

Application # 1050023926

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

\$1,160.00

Owner's Name: David B. Carroll Date: 3.30.10

314 Water Tap

Site Address: 81 WHITETAIL PATH Phone: _____

Directions to job site from Lillington: E 421 to Oldstage Rd TURN RIGHT

\$1,725.00

Go 1-2 miles turn R on DEERPATH FARM RD TURN L ON Whitetail

Subdivision: DEER PATH FARMS Lot: 12

Description of Proposed Work: 1.5 STORY RESIDENCE (NEW CONST) #Bedrooms: 3

Heated SF 2770 Unheated SF _____ Finished Rec Room? YES Crawl Space Slab ()

General Contractor Information

GREENE RESIDENTIAL LLC (919) 417 1747
Building Contractor's Company Name Telephone

1507 FARM LAKE DR HOLLY SPRINGS NC 27540 59285
Address License #

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

Electrical Permit Information

Description of Work _____ Service Size: 200 Amps TPole: yes/no

PATRICK ELECTRICAL CONTRACTORS LLC 910-893-5774
Electrical Contractor's Company Name Telephone

1309 N. MAIN ST. LILLINGTON 4910 W
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work A/C

Louis Heating and Cooling Service 919-781-8485
Mechanical Contractor's Company Name Telephone

5815 Lease Lane, Raleigh, NC 27617 08779
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work PLUMB & FINISH # Baths 3

XTRME PLUMBING 9196693099
Plumbing Contractor's Company Name Telephone

900 Gation Farm Rd Selma, NC 27576 29490
Address License #

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

31W 351 HEIN DR GARNER NC 27529 (919) 6629980
Insulation Contractor's Company Name & Address Telephone

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Heated SF 2770 Unheated SF _____ Finished Rec Room? YES Crawl Space Slab ()

SCANNED
3-30-10
DATE

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GREENE RESIDENTIAL LLC (919) 417 1747
Building Contractor's Company Name Telephone

1807 WARM LAKE DR HOLLY SPRINGS NC 27540 59285
Address License #

[Signature]

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

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Address License #

[Signature]
Signature of Officer(s) of Corporation

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Louis Heating and Cooling Service 919-781-8485
Mechanical Contractor's Company Name Telephone

5813 Lease Lane, Raleigh, NC 27617 08779
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work PLUMB & FINISH # Baths 3

XTREME PLUMBING 9196693099
Plumbing Contractor's Company Name Telephone

900 Gation Farm Rd Selma, NC 27576 29490
Address License #

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

31W 351 HEAN DR GARNER NC 27529 (919) 6629780
Insulation Contractor's Company Name & Address Telephone

TRI CITY INSULATION Fayetteville NC 910-486-8855

Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793

www.harnett.org/permits

**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

*Changed
Contr.
Per Homeowners
on 7-20-10*

Owner (s) of Structure: _____ Phone: _____

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN or Parcel # from GIS: _____

Job Cost: _____ Description of Work to be done _____

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I _____ will provide the _____ labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is _____, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature: _____ Date: _____

Company Name: YOUNG'S ELECTRIC INC. Phone: 919-639-2297

Address: P.O. Box 398 ANGLER N.C. 27501 County: HARNETT

Contractor's License #: 4469 Email Address: lemuel@youngselectric.com

Contractor's Signature: Lemuel B. Young Date: 6/16/2010

***Company name, address, & phone must match information on license.**

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-4759

Certification of Work Performed
By Owner/Contractor

*Changed
Contr. per
Homeowner
on 7-30-10*

Owner (s) of Structure: _____

Owner (s) Telephone: _____

Owner (s) Mailing Address: _____

Construction or Site Address: _____

Directions to Job: _____

Subdivision: _____ Lot #: _____

I JAMIE Johnson have provided or will provide the
Plumbing labor on this structure. I am the owner or hold a
NC state Plumbing license, which entitles me to perform such work on
the above structure legally. All work shall comply with the State Building Code and all
other applicable State & local laws, ordinances and regulations.

Owner (s) signature: _____ Date: _____

Contractor's signature: Jamie John Date: _____

Contractor's Name: JAMIE Johnson Date: _____

Address: 1490 Clark Rd.

Lillington, N.C. 27544

County: HARNETT

Contractor's License: 21649

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.

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]
Signature of Owner/Contractor/Officer(s) of Corporation

03/30/2010
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: CRANE RESIDENTIAL LLC

Sign w/Title: [Signature] Contractor Date: 3.30.10

Plan Box Number G-1

Job Name Deer Path Farms #12

Date: 3-23-10

Required Inspections for SFA/SFD

Appl. # 10-5-23926

Valuation \$ 228,895

Sq. Feet 3523

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit

