* 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.

10-50023944 Application #_

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

Application for residential of	, ,
Owner's Name: JUSM Price. Construction, Inc.	Date: 3 22 10
Site Address: 508 Spring Howers Drive	Phone: (910) 814-4236
Directions to job site from Lillington: Ponderosa_	Drive (B) onto Fem Ridge.
(B) and Green Links Dr. (D) and	Sonns Flowers. Lot down in (E
Subdivision: Caroling Seasons	Lot: 30
Description of Proposed Work: New Home.	#Bedrooms: 4
Heated SF 2102 Unheated SF 650 Finished Re	c Room? Yes Crawl Space () Slab (
General Contract	or Information
Jasan Price Const. In C. Building Contractor's Company Name	(910) 814-4236
Building Contractor's Company Name	Telephone
170 Pine Starte St. Lillington, NC 27	50869
Address	License #
Watalia suce	Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation	i Lilianadan
Description of Work New Home Service	Stoe: 200 Amps Trale: yes/no
MAT Electrical Contractor's Company Name P.O. Rex 384 Scender 1. C. 275	919-258-0208
Bechical Contractor's Company Name	Telephone
P.O. Roy 284 Booksey 1. C. 275	05 /1906-LL
Addjesa	License #
James Hames L.	
Signature of Officer(a) of Corporation	
	malt information
Description of Work New Home	
bookson's Heating + AIC Inc.	919-341-5410
Jackson's Heating + AIC. Tinc. Mechanical Contractor's Company Name	Telephone
POBOX 82, Benson, NC 2' Address - Jackson J. 7	7504 23670
Address - 4 0 1	License #
J. Park Hacker	David-Jackson, President
Signature of Officer(s) of Corporation	
Plumbing Perm	<u>it information</u>
Description of Work New Home	# Baths 5
Flower Contract Plumbing Irec	919-868-0959
Plumbing Contractor's Company Name	Telephone
PD Box 726	39/60
Address	License #
Slawn Lu Dln	
Signature of Officer(s) of Corporation	
insulation Perm Signal br	El ad
I apum fosalation Il Inc. Games	919 661-0999 Telephone
Insulation Contractor's Company Name & Address	i erebusoue

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. Overation project page 25 25 27 14 Poquiations as to Issue of Ruilding Permits (Memo available upon request)
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?
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 22/10 Date
Signature of Owner/Contractor/Oπicer(s) or Corporation Date
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:
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.
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.
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: 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.
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.
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