* 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 #	23979
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Harnett County Central Permitting PO Box 65 Lillington, NC 27548 Phone 910-893-7525 Fax 910-893-2793 www.hamett.org Application for Residential Building and Trades Permit Site Address:_ Phone (910 Directions to job site from Lillington: Rt.27 towards Rt.87. Turn left on Tingen Road. Turn left into Subdivision on Strike Eagle Drive. Left on Fifty Caliber Dr. Subdivision: Pattons Description of Proposed Work: Single Lot: Heated SF 1434 Unheated SF 744 Finished Rec Room? #Bedrooms:_ General Contractor Information Crawl Space ()(Slab (4) Bullding Contractor's Company Name 910) PO BOX 87021 Telephone Address Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page Electrical Permit Information Description of Work Service Size: 200 Amps TPole yes/no Anc Electrical Confractor's Company Name (910) 323-2458 454 Whitehead Telephone 28312 Address 10006 License # Signature of Officer(s) of Corporation Mechanical Permit information Description of Work Mechanical Contractor's Company Name Telephone Address Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work # Baths Plumbing Contractor's Company Name 910-40 Telephone Address Signature of Officer(s) of Colporation insulation Permit Information

418 Person St. Fayetterille, NC

TRI City Insulation 4/18 Person St Insulation Contractor's Company Name & Address

(910) 486-8855

Lionage	
Homeowners Applying to Build Their Ow Please answer the following questions then see a Permit Technician to determine the second of the secon	
Please answer the following questions then see a Permit Technician to determine if you qual Questionnaire per G.S. 87-14 Regulations as to Issue of Building Per 1. Do you own the land on which this build is	n riome
Regulations as to Issue of Ruilding Por	my for permit under Owners Exemption.
1 Do you own the least of the l	mits (Memo available upon request)
Do you own the land on which this building will be constructed?	
O PT	yes no
2. Have you hired or intend to hire an individual to superintend and mapping project?	
project? superintend and m	anage construction of the
3. Do you intend to directly control & supervise construction activities?	yes no
o. Do you intend to directly control & supervise construction political	,
. Sellvilles?	CYes _ no
4. Do you intend to schedule contract or disput	 -
4. Do you intend to schedule, contract, or directly pay for all phases of done?	Construction works to t
	AND AND TO DE
5 De una france de	yesno
5. Do you intend to personally occupy the building for at least 12 conscious moderation of construction and do you understand that if you do not do	
completion of construction and do you understand the active at least 12 const	ecutive months following
completion of construction and do you understand that if you do not do presumption under law that you fraudulently secured the permit?	SO. It creates the
the permit?	i ir orogina file
	yes no
	_
I hereby certify that I have the authority to make necessary application, that the construction will conform to the regulations in the Building E	
and that the construction will conform to the regulations in the Building. E Mechanical codes, and the Harnett County Zoning Ordinance. I state the in	ha anniicatios is see
Mechanical codes and the Useran to the regulations in the Building E	-lectrical Direct
Mechanical codes, and the Harnett County Zoning Ordinance. I state the in	formation and
number of bedrooms, building and trade plans, Environmental Health permit changes, I certify it is my responsibility to notify the Harnett County Central Bay and all changes.	hanges or proposed use
changes, I certify it is my responsibility to notify the Harnett County Central Pany and all changes.	emitting Department of
	a Farming (C)
- 4- 9 B	
Signature of Owner/Contractor/Ost	
Signature of Owner/Contractor/Officer(s) of Corporation 3/15/10 Date	
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the:	
The undersigned applicant being the:	5. 87-14
General Contractor Owner Officer/Agent of the Co	1
Owner X Officer/Agent of the Co	
Do homburger of	ontractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpor set forth in the permit:	· •
set forth in the permit:	ration(s) performing the work
Has three (3) or more employees and has obtained workers' compensation	
and has obtained workers' compensation	· · ·
Lieu - Carlo Compersatio	insurance to cover them.
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Has no more than two (2) employees and no subcontractors.	
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Plan Box Number A77

Job Name Patton's Point

Date: 3-16-10

Required Inspections for SFA/SFD

Appl. # 10-50023979 Valuation # 131242 Sq. Feet 2020

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