\* 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.

Insulation Contractor's Company Name & Address

Application # \_

10500 23 984

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 Date: 3-18-2010 Owner's Name: 919-639-4849 Site Address: Directions to job site from Lillington; Huy 20 approx 2miles before Appox 3, 2 miles on Rot Subdivision: \_ Sandu Description of Proposed Work: Bu #Bedrooms: Heated SF 1250 Unheated SF 80 Finished Rec Room? N/A Crawl Space ( Slab ( ) **General Contractor Information** 919-639-6101 Building Contractor's Company Name 45 Come Park Co Address Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit Information Amps TPole(yes/no Service Size: 200 91<u>9-639-4837</u> Telephone Address of Corporation Mechanical/HVAC Permit Information Address Plumbing Permit Information # Baths 919-639-0935 Plumbing Contractor's Company Name Telephone License # Address Signature of Officer(s) of Corporation **Insulation Permit Information** 

112-9000

| 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   |  |  |
| 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 _Xno  |  |  |
| 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  3-18-2010  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.  |  |  |
| Har no more than two (2) ampleyees and no subcentractors  |  |  |
| 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.   |  |  |
| 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 | $\bigcirc$ | > |  |
|-----------------|------------|---|--|

Job Name Greeny Inc.

Date: 3-19-10

## Required Inspections for SFA/SFD

Appl. # 10 - 50023984
Valuation 81214
Sq. Feet 1250

## 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   |
|        |                            |