* 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.



24000

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 Pe

	Dunung and Trades Permit
Owner's Name: Kunneth Camm	1495 Date: 3-5"-10
Site Address: Same	Phone: 984 6765
Directions to job site from Lillington:	
Tike Bussulo Lake RD	
your Left samuely	
Subdivision: Samu +	Lot: 125
Description of Proposed Work: RC - Hou	
Heated SF 27/6 Unheated SF 607 Finished F	
General Contrac	ctor Information
Pullding Contractor's Company No.	897-5826
Building Contractor's Company Name	
630 Griddia RD 2///instew Address	License #
The consequence of the control of th	Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation	with the against a fair the against the second of the seco
Description of Work <u>New House</u> Service	
Im Pope Elect	910 890 - 3655
Electrical Contractor's Company Name	Telephone
3483 Cameron Qv.	2/326 License #
Address	License #
Signature of Officer(s) of Corporation	
Signature of Officer(s) of Corporation Mechanical Peri	mit Information
Description of Work New House	
Carolina comsent Air	919 333 4320
March Sale of Calabrata 25 Carrie Sale Name	Talanhana
Mechanical Contractor's Company Name 5212	N NC 27520 H3-2907
Address Parks Parks	License #
Signature of Officer(s) of Corporation	
Plumbing Pern	nit Information
Description of Work <u>New House</u>	# Baths
Jamie Johnson Plumling Plumbing Contractor's Company Name 1490 Clark RD 211/1ngta	910 954 62 77 Telephone
Plumbing Contractor's Company Name	Telephone
Address/	1 elephone 1.6 1 15 76 2 1 6 4 9 License #
mue Lo Rosser	Ficelise #
Signature of Officer(s) of Corporation	
Insulation Perm	it Information
Blown DITE	
Insulation Contractor's Company Name & Address	Telephone

Homogynore Applying to Ruild Thoir Own Home				
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?				
4. Do you intend to schedule contract, or directly pay for all phases of construction work to be done? yesno				
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?				
yesno				
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.				
Signature of Owner/Contractor/Officer(s) of Corporation Date				
Affidavit for Worker's Compensation N.C.G.S. 87-14				
/ Indiamate in the composition of the contract				
The undersigned applicant being the:				
The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor or Owner				
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				
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:				
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				
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	\mathcal{D}	2

Job Name K. Cumming

Date: 4-72-10

Required Inspections for SFA/SFD

Appl. # 10-500 24000 Valuation # 189 652 Sq. Feet 2919

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