\* 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.

## SCIANNED

section below to be filled out by	4/14/10	· (2)-2(1, 2 -
ver performing work. Must be owner sed contractor. Address, company	DATE Applica	ation # 10-500-2419 3
phone must match information on	Harnett County Central Per	rmitting
	PO Box 65 Lillington, NC 275 910-893-7525 Fax 910-893-2793 www.ha	
	ication for Residential Building	
1 (	onstruction Inc.	
/ /		
L	hy lane Com AC 28326	
Directions to job site from Lilling	iton: 27 West, 87	South, 24 West
Take lef	ton Marks Rol go	4-5 riles al
	s is an the light	
		0
	arms	Lot: <u>&amp;S</u>
Description of Proposed Work:		#Bedrooms:3
Heated SF /405 Unheated	SF Finished Rec Room?	Crawl Space () Slab
10 1	General Contractor Inform	mation
Wyno Construction	Enc 919	- 528 - 1347
Building Contractor's Company	Name Telephor	ne
2550 Capital Dr	101 Suite 105	41,295
Address		
Chel	- Must sign	& fill out second page
Signature of Owner/Contractor/Con	Officer(s) of Corporation	a iii dat decond page
	Electrical Permit Information Service Size:	<u>ation</u>
Description of Work New Cans	Service Size:	200_Amps TPole: (es/no
R. A. Jackson Electrical Contractor's Company	919 -	730-1251
Electrical Contractor's Company	Name Telephon	ne
9261 Rabank Kent S	Bruson M 27504	21144
Address		License #
6		
Signature of Officer(s) of Corpor	ation	
	Mechanical/HVAC Permit Info	<u>ormation</u>
Description of Work	nsdrueton	
Stephenson HUAC		819-328-0686
Mechanical Contractor's Compa	ny Name T	elephone
747 6/1		523 33 18644
Address	The Canalic 21.	License #
7. (//		Licelise #
Signature of Officer(s) of Corner	ation	
Signature of Officer(s) of Corpor	auon Plumbing Permit Informa	ation
Description of Monte.		<u> </u>
Description of Work New Car	15 ome 500	# Baths 3 218-669-8655 elephone
Tharton's Mumbing		719-669-8655
Plumbing Contractor's Company		elephone
3/60/14 UMSas R	d. Claylor MC	28 13 2
Address		License #
Enter hate		
Signature of Officer(s) of Corpora		
	Insulation Permit Informat	<u>tion</u>
1atum Insalation	SK Old Drug Store Rea	<i>SP - (661-0535</i> ) Telephone
Insulation Contractor's Company	Name & Address	Telephone

Homeowners Applying to Build Their Own Please answer the following questions then see a Permit Technician to determine if you qualify for Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permit	or permit under Ov			
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 c done?	onstruction we yes			
5. Do you intend to personally occupy the building for at least 12 consec completion of construction and do you understand that if you do not do so presumption under law that you fraudulently secured the permit?	utive months o, it creates thyes	ne		
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.				
4-12-	10			
Signature of Owner/Contractor/Officer(s) of Corporation  24-12-  Date	10			
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compensation N.C.G.S  The undersigned applicant being the:				
Affidavit for Worker's Compensation N.C.G.S	s. 87-14	vner		
Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the:	5. 87-14 Ontractor or Ow			
Affidavit for Worker's Compensation N.C.G.S  The undersigned applicant being the:  General Contractor  Owner  Officer/Agent of the Co	ontractor or Owration(s) perfor	ming the work		
Affidavit for Worker's Compensation N.C.G.S  The undersigned applicant being the:  General Contractor  Owner  Officer/Agent of the Contractor  Do hereby confirm under penalties of perjury that the person(s), firm(s) or corposet forth in the permit:	ontractor or Ow ration(s) perfor	ming the work		
Affidavit for Worker's Compensation N.C.G.S  The undersigned applicant being the:  General Contractor  Owner  Officer/Agent of the Co  Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpor  set forth in the permit:  Has three (3) or more employees and has obtained workers' compensation  Has one (1) or more subcontractors(s) and has obtained workers' compe	ontractor or Ow ration(s) perfor on insurance to nsation insurar	cover them.		
Affidavit for Worker's Compensation N.C.G.S  The undersigned applicant being the:  General Contractor  Owner  Officer/Agent of the Compensation of	ontractor or Ow ration(s) perfor on insurance to nsation insurar	cover them.		
Affidavit for Worker's Compensation N.C.G.S  The undersigned applicant being the:  General Contractor  Owner  Officer/Agent of the Compensation of	ontractor or Owration(s) performance to insurance to insation insurance to insation insurance to compensation the Central Perfompensation in	ming the work cover them. nce to cover on insurance		
Affidavit for Worker's Compensation N.C.G.S  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Compensation N.C.G.S  Do hereby confirm under penalties of perjury that the person(s), firm(s) or corposet forth in the permit:  Has three (3) or more employees and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation Has one (1) or more subcontractors(s) who has their own policy of worker 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 Department issuing the permit may require certificates of coverage of worker's consumer to issuance of the permit and at any time during the permitted work from any permits.	contractor or Own ration(s) performation insurance to insation insurance to insation insurances' compensation the Central Per compensation in son, firm or con	ming the work cover them. nce to cover on insurance		

Plan Box Number AA-9

Job Name\_\_\_Cooper Farms 25

Date: \_04-15-2010

## Required Inspections for SFA/SFD

Appl. # 10-50024193 Valuation \$119,613 Sq. Feet 1841

## Sequence

10 _	Х	_ R* Bldg. Footing
10-30	X	R* Elec. Temp Service Pole
20	X	R* Building Foundation
20	Х	Address Confirmation
30-999		Open Floor
30-999	Х	R* Bldg. Slab Insp.
30-999	Х	R* Elec. Under Slab
30-999	Х	_ R*Plumb. Under Slab
40	Х	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		
50	Х	One Trade Rough In > 2500  R* Insulation
60	Х	Four Trade Final
60		
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
999		One Trade Final > 2500
///_ <u></u> _		Envir. Operations Permit

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