Application #\_

\* Cach section below to be filled out by nomever performing work. Must be owner licensed contractor. Address, company are & phone must match information on license.

## Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Phone 910-893-7525 Fax 910-893-2793 www.harnett.org Application for Residential Building and Trades Permit

Application for meanderstains		
Owner's Name: 54 H Homes Bldcs		1-10-10
Site Address: 314 Scupperwink Lane	Phone: <u>910 -8</u>	92-4345
Directions to job site from Lillington: 210 Tow	and Angler	- 1/_
on TRIPP Rd - Sub on	lest	<i>t</i>
	<u> </u>	
Subdivision: Playton At VINYARD Gran	Lot:_2	
Description of Proposed Work: New Home She	<u>k Bult</u> #Bedroo	oms: 3 -
Heated SF 1382 Unheated SF 568 Finished Re	c Room? <u>4c.5</u>	Crawl Space (4 Slab
General Contract	<u>or Information</u>	
SHR HAMON	910-892-1	4 <i>345</i>
	Telephone	
574 Clour Ridge Waketa	nest oc	<u>53369</u>
Address		License #
	Must sign & fill out second p	page
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Permit	t Information	
Description of Work New Service	Size: <u>200</u> Amps 1	Pole. yes/no
Wester + Pace	919-499-5	389
Electrical Contractor's Company Name	Telephone	
5A6 Leslie Dr. Sanford, NC		12007-L
Address -		License #
William Wester		
Signature of Officer(s) of Corporation  Mechanical Perm	it Information	
· · ·	it intormation	
Description of Work Νεω	O 13 - 0 - 1	
Jacksons Heating + Air	910-891-5410	
Mechanical Contractor's Company Name	Telephone	231 110
Pa Bax 82 Benson, NC		23670
Address Duckson		License #
Signature of Officer(s) of Corporation		
Plumbing Permit	Information	
Description of Work New	# Baths_	21/2
Curtis Faircloth Plumbing	910 - 5	31 - 3111
Plumbing Contractor's Company Name	Telephone	
5056 Elizabethtown Huy Roseboro, we		1269
Address		License #
Conto Freeloth		
Signature of Officer(s) of Corporation		
Insulation Permit Information		
Tri-City Insulation 418 Person St. Far	y NC 910	<u>-486 - 86</u> 55
Insulation Contractor's Company Name & Address	T(	elephone

	24220
Application #	0. 1000

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)
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? yes no
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 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 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/Contragor/Officer(s) of Corporation  U-/6-// Date
Signature of Owner/Contrazion/Oricer(s) of Corporation 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.
Has по more than two (2) employees and по 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.
Sign w/Title: Dy his lowner Date: 4-16-10
Sign w/Title: Ly his lowner Date: 4-16-10
:, '

Plan Box Number A-6 Job Name PLNYATION@VINEYARD 19-2010 Required Inspections for SFA/SFD/ ppl. # 10-50024220 Valuation 144,497 Sq. Feet 2224 Sequence 10 R\* Bldg, Footing Х 10-30 R\* Eleg. Temp Service Pole X 20 Х R\* Building Foundation 20 х Address Confirmation 30-999 Х Open Floor 30-999 \* Bldg. Slab Insp. 30-999 R\* Elec. Under Slab 30-999 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 One Trade Rough In > 2500 50 Х R\* Insulation 60 Х 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 Х Envir. Operations Permit