No Section

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 10500 24319

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

Owner's Name: Signature Home Builders, Inc.	Date: <u>4 - 27 - /c</u>	
Site Address: 46 Taft Lanc Cameron, NC 28326	Phone: (910)892-9299	
Directions to job site from Lillington: 27 west to 24. Left	on 24. Turn right onto	
marks Rd. Subdivision is 3.5 miles on right.	turn lett ento Toff Lon	
and property is 200 lot on right		
	Lot: 2 6	
Description of Proposed Work: Single Family		
Heated SF: 1493 Unheated SF: 189 Finished Bonus Room?		
General Contractor Information		
Signature Home Builders, Inc.	(910) 892-9299	
Building Contractor's Company Name	Telephone	
801 West Cumberland Street Dunn, NC 28334	larry@signaturehomebuilders.com	
Address	Email Address	
When 7 Par	49431	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Electrical Contractor Informatio	<u>n</u>	
Description of Work new construction electrical Service Size:		
White & Company, Inc	(910) 237-0247	
Electrical Contractor's Company Name	Telephone	
PO Box 427 Erwin, NC 28339	NA	
Address	Email Address	
Illily to when	22907-U	
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical/HVAC Contractor Inform	License #	
	Tation	
Description of Work New Construction	(010) 220 0606	
Stephenson's Heating and Air, Inc	(919) 329-0686	
Mechanical Contractor's Company Name	Telephone	
343 Shipwash Drive Garner, NC 27529	NA	
Address States	Email Address	
	18644 License #	
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information		
Description of Work new construction plumbing	_# Baths	
LR Glover Plumbing, Inc	(919) 820-0026	
bing Contractor's Company Name Telephone		
PO Box 764 Benson, NC 27504	NA	
Address	Email Address	
Street to at Oursell Contractor Officer (a) of Connection	07958 License #	
Signature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Information		
Tri-City Insulation, Inc.	(910)486-8855	
Insulation Contractor's Company Name & Address	Telephone	

*NOTE: General Contractor must fill out and sign the second page of this application.

Homeowners Applying to Build Their Ow Please answer the following questions then see a Permit Technician to determine if you qualify f Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Mi	or permit under Owne	
Do you own the land on which this building will be constructed?	Yes _	
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 o construction work to be done?	f Yes _	No
5. Do you intend to personally occupy the building for at least 12 consmonths following completion of construction and do you understand the you do not do so, it creates the presumption under law that you fraudu secured the permit?	at if	No
I hereby certify that I have the authority to make necessary application, that and that the construction will conform to the regulations in the Building, Mechanical codes, and the Harnett County Zoning Ordinance. I state the contractors is correct as known to me and if <u>any</u> changes occur including list number of bedrooms, building and trade plans, Environmental Health permit changes, I certify it is my responsibility to notify the Harnett County Central any and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.0 is as per current fee schedule.	Electrical, Pluml information on the ted contractors, s changes or propo Permitting Depar	oing and e above site plan, osed use tment of
Wa 22 4-2	7-10	
Signature of Owner/Contractor/Officer(s) of Corporation Date		
Affidavit for Worker's Compensation N.C.C The undersigned applicant being the:	S.S. 87-14	. , .
General Contractor Owner Officer/Agent of the	Contractor or Ov	vner
Owner Officer/Agent of the Do hereby confirm under penalties of perjury that the person(s), firm(s) or conset forth in the permit:		
Do hereby confirm under penalties of perjury that the person(s), firm(s) or con	poration(s) perfo	ming the work
Do hereby confirm under penalties of perjury that the person(s), firm(s) or conset forth in the permit: Has three (3) or more employees and has obtained workers' compensed. Has one (1) or more subcontractors(s) and has obtained workers' compensed them.	rporation(s) perforation insurance to	cover them.
Do hereby confirm under penalties of perjury that the person(s), firm(s) or conset forth in the permit: Has three (3) or more employees and has obtained workers' compens Has one (1) or more subcontractors(s) and has obtained workers' com-	rporation(s) perforation insurance to	cover them.
Do hereby confirm under penalties of perjury that the person(s), firm(s) or conset forth in the permit: Has three (3) or more employees and has obtained workers' compensed. Has one (1) or more subcontractors(s) and has obtained workers' compensed. Has one (1) or more subcontractors(s) who has their own policy of wo	rporation(s) perforation insurance to	cover them.
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Do hereby confirm under penalties of perjury that the person(s), firm(s) or conset forth in the permit: Has three (3) or more employees and has obtained workers' compensed. Has one (1) or more subcontractors(s) and has obtained workers' compensed. Has one (1) or more subcontractors(s) who has their own policy of wo 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 the Department issuing the permit may require certificates of coverage of worker to issuance of the permit and at any time during the permitted work from any	rporation(s) performation insurance to appension insurance to appension insurance to the compension in the Central Person, firm or compension in person, firm or compension in the compension in	rming the work cover them. nce to cover ion insurance ermitting nsurance prior proporation

Plan	Box	Number	\subset	7
		* 100111001		•

Job Name Squature Hons

Date: 4-28-10

Required Inspections for SFA/SFD

Appl. # 10-50024319Valuation 154437Sq. Feet 2377

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	
40	One Trade Rough In
50 //	One Trade Rough In > 2500
60	R* Insulation
	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