

* 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.

Application # 10 500-24324

Hamett County Central Permitting

PO Box 66 Lillington, NC 27546

910-883-7629 Fax 910-883-2793 www.hamett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Stephenson Builders Inc Date: 5.10.10

Site Address: 65 Derby Lane Lillington Phone: 919-730-7802

Directions to job site from Lillington: _____

HWY 210. Left on Bruce Johnson Left on Derby Ln.
Lot 32

Subdivision: Johnson Farms Lot: 32

Description of Proposed Work: New single family #Bedrooms: 3

Heated SF 2355 Unheated SF 900 Finished Rec Room? Y Crawl Space Slab

General Contractor Information

Stephenson Builders Inc 919-730-7802
Building Contractor's Company Name Telephone

1187 N Raleigh St. Anger NC 27501 53604
Address License #

[Signature] Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work New Service Size: 200 Amps TPole no

Rex Dean Electrical 919-552-4282
Electrical Contractor's Company Name Telephone

8039 Kennebec Rd Willow Spring NC 27592 5748
Address License #

Rex Dean
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work New

DC's HVAC 919-552-6258
Mechanical Contractor's Company Name Telephone

1580 Wade Stephenson Rd. 12655-H-3
Address License #

Jimmy Carroll
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New # Baths 2 1/2

WW Plumbing Inc 919-639-0195
Plumbing Contractor's Company Name Telephone

Box 1004 Anger NC 27501 14087
Address License #

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

Insulabty Inc 1212 Hwy 66 Raleigh 919-772-9000
Insulation Contractor's Company Name & Address Telephone

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? ___ 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 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 ___ 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 Hamett 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 Hamett 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.

Philip Drew Jephth
Signature of Owner/Contractor/Officer(s) of Corporation

5-10-10
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 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.

Company or Name: Stephenson Builders Inc.

Sign w/Title: Philip Drew Jephth vice president Date: 5-10-10

Plan Box Number D7

Phil Stephenson
Job Name Johnson Farms

Date: 5-19-10

Required Inspections for SFA/SFD

Appl. # 10-5002432Y
Valuation \$191666
Sq. Feet 2950

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20		Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R* Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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