*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 - 500241

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

Owner's Name: Hugh Surles Builders	Date:
Cita Address:	Phone: 919 422 7965
Directions to job site from Lillington: 10 miles 50	th of Lillinston on 210. Take
Left on Lasder Ru. bo 5 mile	
Subdivision:	
Description of Proposed Work:	
Heated SF Finished I	Rec Room? Crawl Space () Slab ()
Hugh Surjes Budders	ctor Information 역명 420 기선당
Building Contractor's Company Name	Telephone (2559
TOOK NC DK) N Angler NC 2750)	License #
Address /	Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation	
Electrical Pen	mit Information ce Size:Amps TPole: yes/no
Description of WorkService	914 552 428)
'····································	Telephone
8039 Kenneber Ro. Wilow Spring	5 NC 5748
Address / Address	License #
KLX LDan	
Signature of Officer(s) of Corporation Mechanical Pe	rmit Information
Description of Work	
Mechanical Contractor's Company Name	639-2297
	Telephone
	707464 License #
Address	
Signature of Officer(s) of Corporation	
Plumbing Pe	rmit Information
Description of Work	# Baths
Work Humbin	_ 639-0195
Plumbing Contractor's Obmpany Name	Telephone
Address Moul	License #
Signature of Officer(s) of Corporation	
Insulation Pe	mit Information A Reland 772 9000)
Insulation Contractor's Company Name & Address	Telephone
modiation contractor o grompany	

Application #	

Homeowners Applying to Bu	rild Their Own Home
Homeowners Applying to But Please answer the following questions then see a Permit Technician to a Please answer the following questions then see a Permit Technician to a Please answer the following questions as to issue	determine if you qualify for permit under Owners Exemption.
Please answer the following questions then see a Permit Technician to a Questionnaire per G.S. 87-14 Regulations as to Issue	of Building Permits (Memo available upon request)
Questionnaire per G.S. 07-17 (1090)2000	
 Do you own the land on which this building will be c 	onstructed? yes 110
1. Do you own the land on which this balloting times a	
 Have you hired or intend to hire an individual to sup 	perintend and manage construction of the
Have you hired or intend to hire an individual to sup	yesno
project?	
biolacc:	
Do you intend to directly control & supervise constr	uction activities? yes no
3. Do you interio to directly detribed in	
 Do you intend to schedule, contract, or directly pay 	for all phases of construction work to be
4. Do you intend to schedule, contract, or directly party	yes no
dona?	
5. Do you intend to personally occupy the building for	the set 10 consecutive months following
r the year intend to personally occupy the building for	at least 12 consecutive metals the
Do you intend to personally occupy the building for completion of construction and do you understand that completion of construction and do you understand that	it if you do not do so, it creates the
completion of construction and do you understant to presumption under law that you fraudulently secured to	the permit?
presumption under law that you hadden they	yesno
I hereby certify that I have the authority to make necessa	or application, that the application is correct
I hereby certify that I have the authority to make necessal and that the construction will conform to the regulations and that the construction will conform to the regulations.	is the Building Flectrical, Plumbing and
THE SEC CONSTRUCTION WILL COMPANY TO THE COMPANY	4 the information on the above
and that the construction will conform to the regulation and that the construction will conform to the regulation. Mechanical codes, and the Harnett County Zoning Ordin Mechanical codes, and the Harnett County Zoning Ordin Contractors is correct as known to me and if any changes contractors is correct as known to me and if any changes	ance. I state the information of the plan.
Mechanical codes, and the me and if any changes	occur including listed contractors, one promosed use
contractors is correct as known to trade plans. Environme	ental Health permit changes of proposed doo
contractors is correct as known to me and if any changes number of bedrooms, building and trade plans, Environmental bedrooms, building and trade plans, building	ett County Central Permitting Department of
changes.// centry it is my responsibility to	
any and all charges.	6.4-10
11.h X/ /	0° 1 10
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Signature of Owner/Contractor/Online (3) of Corporation	
Affidavit for Worker's Comp	possation N.C.G.S. 87-14
Affidavit for Worker's Comp	CHaddon in a constant
The undersigned applicant being the:	
General Contractor Owner	Office/Agent of the Contractor or Owner
General Contractor Owner	Officer/Agent of the Contractor of China
Do hereby confirm under penalties of perjury that the per	() 5(a) as compression(s) performing the work
De basely confirm under penalties of periury that the per-	son(s), nm(s) or corporation(s) porteriors
Do detect committee boundary	
set forth in the permit:	a discover to account them
(a) ampleyage and has obtaine	d workers' compensation insurance to cover them.
Has three (3) or more employees and has obtained	
to the standard and has al	
Has one (1) or more subcontractors(s) and has of	tained workers' compensation insurance to cover
	otained workers' compensation insurance to cover
	otained workers' compensation insurance to cover
h	otained workers' compensation insurance to cover
L - 6	otained workers' compensation insurance to cover
them. Has one (1) or more subcontractors(s) who has the	neir own policy of workers' compensation insurance
Has one (1) or more subcontractors(s) who has the covering themselves.	neir own policy of workers' compensation insurance
Has one (1) or more subcontractors(s) who has the covering themselves.	neir own policy of workers' compensation insurance
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Has one (1) or more subcontractors(s) who has the covering themselves. Has no more than two (2) employees and no sub	neir own policy of workers' compensation insurance contractors.
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Plan Box Number	B6	
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Job Name Hugher Sules

Date: <u>6-2-10</u>

Required Inspections for SFA/SFD

Appl. # 10-500 244 46 Valuation 9187245 Sq. Feet 2806

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	ne Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
	Shvii. Operations remait