\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 49457

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.hamett.org/permits

## Application for Residential Building and Trades Permit

Owner's Name: Signature Home Builders Inc.	Date:
Site Address: 82 Taft Lane Cameron NC	28324 Phone: (410) 892-9299
Directions to job site from Lillington: 27 W +- Highway	24. Two left onto 24
proceed 1,5 miles to Marks Road. Tur	
is 3,8 miles on light. Two left onto	
	Lot:27
	# of Bedrooms: 3
Heated SF: 1386 Unheated SF: 523 Finished Bonus Roor	
General Contractor Inform	
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
	49431
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Information Contractor	<u>mation</u> Size: <u>200</u> _Amps_T-Pole: ✓ YesNo
	(910) 237-0247
White & Company, Inc	Telephone
Electrical Contractor's Company Name PO Box 427 Erwin, NC 28339	NA
	Email Address
Address	22907-U
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contractor I	
Description of Work New Construction	·
	(919) 329-0686
Stephenson Heating & Air Inc. Mechanical Contractor's Company Name	Telephone
343 Shipwash Drive Garner, NC.	
Address	Email Address
Lange St. no.	18644
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Infor	<u>mation</u>
Description of Work new construction plumbing	# Baths
LR Glover Plumbing, Inc	(919) 820-0026
Plumbing Contractor's Company Name	Telephone
PO Box 764 Benson, NC 27504	NA
Address	Email Address
to the standard	07958
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Infor	
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 Apply Please answer the following questions then see a Permit Tec	ring to Build Their Own Ho hnician to determine if you qualify for pern	<b>me</b> nit under Owner	rs Exemption.	
Questionnaire per G.S. 87-14 Regulations as to I				
1. Do you own the land on which this buildin	g will be constructed?	Yes _	No	
2. Have you hired or intend to hire an individual manage construction of the project?	•	Yes	No	
3. Do you intend to directly control & superv	ise construction activities?	Yes	No	
4. Do you intend to schedule, contract, or disconstruction 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 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.				
Was in -				
Signature of Owner/Contractor/Officer(s) of Corp	oration Date		<u></u>	
Signature of Owner/Contractor/Officer(s) of Corp	oration Date  S Compensation N.C.G.S.			
Signature of Owner/Contractor/Officer(s) of Corp  Affidavit for Worker's	oration Date  S Compensation N.C.G.S.	87-14	vner	
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's The undersigned applicant being the:	S Compensation N.C.G.S.	87-14 tractor or Ov		
Affidavit for Worker's The undersigned applicant being the:  General Contractor  Owner  Do hereby confirm under penalties of perjury that	Oration Date  S Compensation N.C.G.S. S  Officer/Agent of the Constitute person(s), firm(s) or corporate	87-14 tractor or Ov tion(s) perfor	ming the work	
Affidavit for Worker's The undersigned applicant being the:  General Contractor  Owner  Do hereby confirm under penalties of perjury that set forth in the permit:	Officer/Agent of the Contact the person(s), firm(s) or corporate obtained workers' compensation	87-14 tractor or Ov tion(s) perfor insurance to	ming the work	
Affidavit for Worker's The undersigned applicant being the:  General Contractor  Owner  Do hereby confirm under penalties of perjury that set forth in the permit:  Has three (3) or more employees and has  Has one (1) or more subcontractors(s) and	oration Date  S Compensation N.C.G.S. S  Officer/Agent of the Constitute person(s), firm(s) or corporate obtained workers' compensation d has obtained workers' compens	tractor or Ovicion(s) perforinsurance to ation insurance	cover them.	
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Affidavit for Worker's The undersigned applicant being the:  General Contractor  Owner  Do hereby confirm under penalties of perjury that set forth in the permit:  Has three (3) or more employees and has them.  Has one (1) or more subcontractors(s) and them.  Has no more than two (2) employees and While working on the project for which this permit Department issuing the permit may require certifit to issuance of the permit and at any time during the contractors of the permit and at any time during the contractors of the permit and at any time during the contractors of the permit and at any time during the contractors of the permit and at any time during the contractors of the permit and at any time during the contractors of the permit and at any time during the contractors of the permit and at any time during the contractors of the permit and at any time during the permit and at any time a	Officer/Agent of the Contact the person(s), firm(s) or corporate obtained workers' compensation d has obtained workers' compensation to has their own policy of workers' no subcontractors.  It is sought it is understood that the cates of coverage of worker's corthe permitted work from any personal contractors.	tractor or Ovicion(s) performation insurance to ation insurance to ation insurance to ation insurance compensation in the Central Perpensation in the confirm or conf	crming the work cover them. nce to cover ion insurance rmitting nsurance prior orporation	

Plan	Box	Number	03	
Plan	ROX	Number_	حسرر	

Job Name Co oper tam

Date: 5 - 18 - 10

## Required Inspections for SFA/SFD

Appl. #10 - 50024457
Valuation 148914
Sq. Feet 2292

## 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. Mond
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	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit