* 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

Application # 10 5 00 24414

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: NC CUSTOM Homes, Date: 3/18/10
Site Address: 273 RECAL CRESTOR, Phone: 946-3662
Directions to job site from Lillington: 401 N TO ON CHRISTIAN LIGHT RA.
TL ON AIVER Rd. TR INTO SHBDIVISION
Subdivision: REGAI CREST Lot: 6
Description of Proposed Work: NEW RESIDENCE #Bedrooms: 4
Heated SF 243/ Unheated SF /527 Finished Rec Room? Crawl Space () Slab () General Contractor Information
Ne Custom Himes 919 946-3662
Building Contractor's Company Name Telephone
Building Contractor's Company Name Telephone 1508 MYCENDE PL. FEQUAY PAINS 61623
Address #
Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation
WEW Hon E Electrical Permit Information
Description of Work ITMTE GLES Service Size: 200 Amps TPole ves/no
Figure 1 Signal And Signal Sig
Electrical Contractor's Company Name Telephone
Address License #
Robert Many
Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work NEW RESIDENCE
A10 Con T Q or(910) 987-2070Mechanical Contractor's Company NameTelephone
6623 SHERAIL BAGLET, GODWIN AC 21319
Address License #
Helyt Clash
Signature of Officer(s) of Corporation
Plumbling Permit Information
Description of Work Akn RESIDENCE #Baths 4 h + h Plum. B. m (919 639-0195
Plumbing Contractor's Company Name (979) 63 9 - 0793
Plumbing Contractor's Company Name Publication Publicat
Address License #
Dich Wellen
Signature of Officer(s) of Corporation Insulation Permit Information
Insulation retinitionation 772-91100
Insulation Contractor's Company Name & Address Telephone

Application -	#	

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?		
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		
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/Contractor/Officer(s) of Corporation Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the		
The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor or Owner		
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		
General Contractor Owner Officer/Agent of the Contractor or Owner		
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:		
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		
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		
General ContractorOwnerOfficer/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.		
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		

Plan Box Number	D9
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Job Name NC Custon Hone

Date: 5-19-18

Required Inspections for SFA/SFD

Appl. # 50024464 Valuation #200372 Sq. Feet 3084

Sequence

10 10-30 20 20 30-999 30-999 30-999 40 40 40 40 40 40 40 40	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Three Trade Rough In Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In Two Trade Rough In Two Trade Rough In
50	One Trade Rough In > 2500 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