Each section below to be filled out by whomever performing work. Must be owner or licerised contractor. Address, company name & phone must match information on license.

Application # //
Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Owner's Name: David K.	aylor		e: 7-12-10
Site Address:	7.0		9-770-237
Directions to job site from Lillington:			1 110-837
			
Subdivision: Cinnamon Ru	el	Lot:	8
Description of Proposed Work: New	Construction	/#Be	drooms: 3
leated SF 1607 Unheated SFF	inished Rec Roon	m?	Crawl Space () S
+1 Genera	<u>Il Contractor Info</u>	<u>rmation</u>	
uilding Contractor's Company Name		119-90	6-4069
OBox 875 Proadway	Telepho	one	Fack 2
ddress	100 X 1348		License #
300	Must sig	n & fill out secor	nd nage
gnature of Owner/Contractor/Officer(s) of Co	rporation	_49	p-35
escription of Work New residential	_Service Size: 0	ation 200 Amps	TPole: ves/no
gnature of Owner/Contractor/Officer(s) of Constructor of Work New residential Destera Page Setting Contractor's Company News	910	1-499-3	946
ecrical Courrector a Confibatily Mattie	i elepho	ne	
014 Ocslie Rd Sanfortuc	<u>87338</u>		12007-0
Ollow Dodow			License #
gnature of Officer(s) of Corporation			
Mechanical/	HVAC Permit inf	ormation	
scription of Work New resident	ial		
Chancel Contractor's Company Name	- 3	36 953	6080
854 USHIOYLUE. Ashibom	M 27000	elephone	11358
dress	IVC 02 17(0)3		License #
Bill Boster			
nature of Officer(s) of Corporation	e Downie Indo	41	
cription of Work Now residentia	g Permit Informa		
av Bros Plumbing	a	# Baths	0166
nbing Contractor's Company Name	, <u>77</u>	elephone	<u>OTGV</u>
30) Dillcrost Farm Rd Sante	od NC 2722	086	, 44
1985		,	License #
UI = U = II			
Store of Officer(s) of Companion			
ature of Officer(s) of Corporation Insulation	Permit Information	on	

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? 2. Have you hired or intend to hire an individual to superintend and manage construction of the 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 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. 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. Signature of Owner/Contractor/Officer(s) of Corporation 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 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: Thomas Properties Sign w/Title:

	\bigcap
Plan Box Number	

Job Name Cinnamon Hill

Date: 7-14-10

Required Inspections for SFA/SFD

Appl. # 16-50024590 Valuation 139688 Sq. Feet 2150

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