Each section below to be filled out by	
vhomever performing work. Must be owne	d
MINISTER PERMINING MONTH INDEX OF CAMP	•
or licensed contractor. Address, company	
name & phone must match information on	
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Application # 10-50024682

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: Jason Price Construction, Ixc. 7/22/10 (919) B14-4236 596 Spring Flowers Drive Site Address: to Millon Welan Directions to job site from Lillington: (WSS over & Pundenosa Trail. @ onto Fem Rida. Lot is down Subdivision: Carolina New Home #Bedrooms: Description of Proposed Work: \_\_\_ Heated SF 2972 Unheated SF 420 Finished Rec Room? Crawi Space () Slab M **General Contractor Information** (910) × 14-4236 Jason Price Construction. Inc. Telephone **Building Contractor's Company Name** 170 Pine State St., Lillington, NC 27546 50859 Address Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation <u> Jeotrical Permit information</u> Size: 200 Armos TPole: yes/no Description of Work lechanical/IVAC Permit Information New Home **Description of Work** Mechanical Contractor's Company Name <u>Benson, NC 2758</u> J. David-Jackson, iture of Officer(s) of Corporation **Plumbing Permit Information** # Baths **Description of Work** 919-868-095 Flover Contract Telephone Plumbing Contractor's Company Name 99160 40 Box License # Address Signature of Officer(s) of Corporation

Telephone

(919)6610999

**Insulation Permit Information** 

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
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 ofYes No 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.
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:
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: Jason Price Construction, Inc.  Sign w/Title Nature for Construction, Inc.  Date: 7/22/10
Sign w/Title Watur hire / Offile Manager Date: 1/22/10

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Plan Box	Number_	1)	7		

Job Name <u>Golina Sasons</u> #36

Date: 724-10

## Required Inspections for SFA/SFD

Appl. # 10-5-246 Valuation #2 2 0 Sq. Feet 3392

## 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	
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
50	One Trade Rough In > 2500
60	R* Insulation
60	Four Trade Final
60	Four Trade Final > 2500
	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
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