GO 10

 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 # 10-500-24775

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

HOLVINGS Address: Phone: Directions to job site from Lillington: Subdivision: The Summit Lot: /// Construction Type: (Please Check) Building Use: (Please Check) __ Commercial New __ Moved House __ Renovation __ Addition __ Other Residential __ Modular __ Multi-Family Total Project Cost: _____Description of Proposed Work: **General Contractor Information** Building Construction Cost \$_____Stories____ Heated SF ___Crawl Space ()
Unheated SF ___Slab () cublence qual.com Destin Blackaull, Inc 919-606-4696 Telephone Building Contractor's Company Name ZOI SAGARON ORK CIND Suite 1/5 Address Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp **Electrical Permit Information** Description of Work Fleetrical Work Electrical Cost \$________
TS Pole: Yes () No () Underground () Overhead () Permanent Service: Underground () Overhead () Service Size: _____ 9/9-499- 7-747 Telephone Progres Electric Maintenage Co. Inc.
Electrical Contractor's Company Name 80 Neill Thomas Rd Lillington NC 27546 Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work Mechagical Cost 3 Type System Number of Units Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work Plumbing Plumbing Cost \$ Number of Baths Plumbing Johnson JAMIE Plumbing Contractor's Company Name Address Signature of Officer(s) of Corporation Insulation Permit Information Residential () Other () Not Required () Tyuldun 910-486-8355 or's Company Name & Address Telephone Insulation Contractor's Company Name & Address

	os must fill out this portion System Information	
Sprinkler Contractor's Company Name	Contact & Telephone	
Address	License #	-
Signature of Officer(s) of Corporation Fire Alarm	System Information	
Fire Alama Carte dad a	On the Control of the	
Fire Alarm Contractor's Company Name	Contact & Telephone	
Address	License #	
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Trans	nsportation Driveway Access/Permit? Yes	No
X		
Homeowners Applyi Please answer the following questions then see a Pennit Te	ng to Build Their Own Home	ners Exemption.
Questionnaire per G.S. 87-14 Regulations as	\	
1. Do you own the land on which this built	ding will be constructed? yes	no
2. Have you hired or intend to hire an indithe project?		nstruction of no
3. Do you intend to directly control & supe	ervise construction activities? yes	no
4. Do you intend to schedule, contract, or be done?		tion work to
5. Do you intend to personally occupy the following completion of construction and d creates the presumption under law that yo	lo you understand that if you do not do	onths so, it
	yes	no
Sign & date		
I hereby certify that I have the authority to make read that the construction will conform to the remember of the maker and that the construction will conform to the remember of the contractors is correct as known to me and if any obuilding and trade plans, Environmental Health per my remonsibility to notify the Harnett County Cent	gulations in the Building, Electrical, Plumbir og Ordinance. I state the information on the changes occur including listed contractors, sit rmit changes or proposed use changes, I cert	ng and above e plan, tify it is
Signature of Owner/Contractor/Officer(s) of Corpor		

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)				
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? 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 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 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.				
is as per current fee schedule. SEE PREVIOUS PACE 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.				
covering themselves. Has no more than two (2) employees and no subcontractors.				
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.				
Covering themselves. ———————————————————————————————————				

Plan	Box	Number	AA	8
				_

Job Name Summit

Date: 7-20-10

Required Inspections for SFA/SFD

Appl. # 10-500 24725 Valuation 918 2505 Sq. Feet 2809

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