

\* 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 2472

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit

Owner's Name: MUKRSIFIRM HOLDINGS	Date: 6 29/10
Address:	Phone:
Directions to job site from Lillington:	
Subdivision: The Summit	Lot: <u>//3</u>
Construction Type: (Please Check)  New Moved House Residential Renovation Addition Other Modular	
Total Project Cost:Description of Proposed Work:	
Heated SF Crawl Space ( ) Building Construc	tion Cost \$
Unheated SF Slab ()  Acres Disturbed 9/9- Building Contractor's Company Name Telephon  ZOI Sh conor ORK Circle Suite 1/5 Cay, 1  Address	e - 4696
ZOI Shonow ORK CIMA Suite 115 Cay,	UL 21511 52830
Address Radin	License #
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign Electrical Permit Informa	tion
Description of Work Fleetrical Hork Electrical TS Pole: Yes () No () Underground () Overhead () Permanent Service: Underground () Overhead () Service S	Cost \$
Pipager Electric : Phintenause Co, Inc. 919-4	199- 7767
80 Ne:// Thomas Rd Lillington NC 27546  Address	
Mills.	_
Signature of Officer(s) of Corporation <u>Mechanical Permit Information</u>	ation
	chanical Cost 3
	10) 494-10(00 phone #29077
Address	1577 License #
Signature of Officer(s) of Corporation Plumbing Permit Information	tion
Description of Work アルカシュー Plumbing	
JAMIE Johnson Plumbing	
Plumbing Contractor's Company Name  1490 Clark Rd Lilling N.C. 2	elephone 7545 21649
Address Jan	7545 21649 License #
Signature of Officer(s) of Corporation  Insulation Permit Information Residential ()	Other ( ) Not Required ( )
In let Lundbur	910-486-8855
Inculation Contractor's Company Name & Address	Telephone

and.com

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?		
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 censtruction 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.		
SEE PRENIOUS PAGE		
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:		
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 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 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		
General ContractorOfficer/Agent of the Contractor or OwnerOfficer/Agent of the Contractor of Cont		
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.  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.		
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.  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		

Application #  Commercial Jobs must fill out this portion  Sprinkler System Information		
Address	License #	<del></del>
Signature of Officer(s) of Corporation  Fire Alarm	n System Information	
Fire Alarm Contractor's Company Name	Contact & Telephone	
Address	License #	<del></del>
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Tra	nsportation Driveway Access/Permit? Yes	No
,		
Homeowners Apply Please answer the following questions then see a Permit To  Questionnaire per G.S. 87-14 Regulations as	to Issue of Building Permits (Memo availab	le upon request)
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2. Have you hired or intend to hire an ind the project?	ividual to superintend and manage col	
3. Do you intend to directly control & supe	ervise construction activities? yes	no
4. Do you intend to schedule, contract, or be done?	directly pay for all phases of construction directly pay for all phases of construction.	tion work to
5. Do you intend to personally occupy the following completion of construction and decreates the presumption under law that you	lo you understand that if you do not do	
	yes	no
Sign & date		
I hereby certify that I have the authority to make and that the construction will conform to the re Mechanical codes, and the Harnett County Zonir contractors is correct as known to me and if any obuilding and trade plans, Environmental Health per my responsibility to notify the Harnett County Cent	egulations in the Building, Electrical, Plumbing Ordinance. I state the information on the changes occur including listed contractors, sitematic changes or proposed use changes, I cer	ng and above te plan, tify it is

1/07

Signature of Owner/Contractor/Officer(s) of Corporation

Plan Box Number AA8

Job Name Summit

Date: 9-20-18

Required Inspections for SFA/SFD

Appl. # 19-50024727 Valuation 4/75423 Sq. Feet 2 700

## 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