7/2Z/10

Lot 49 Cawlina Scasas

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

Application # 10-50024749

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 Date: Owner's Name: 1 (910) 814-4236 Site Address: Mitton Welch Road Directions to job site from Lillington: __ Welch. Coss over to Donderssa Trail. @ onto Fem Ridge Green WKS Seasons Subdivision: New Home Description of Proposed Work: _ #Bedrooms: Heated SF 3023 Unheated SF _ 504 Finished Rec Room? Crawl Space () Slab (/) **General Contractor Information** (910) F14-4236 1050 Pha Construction, Inc. Telephone **Building Contractor's Company Name** 50859 Ullington License # Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation Sectrical Permit Information Amps Thole yesino Service Size: 200 Description of Work gnature of Officer(s) of Corp. lechanical/HVAC Permit information New Home <u>enson.NC</u> Address J. David-Jackson, President ignature of Officer(s) of Corporation **Plumbing Permit Information** 2 tuil New Hom # Baths **Description of Work** 919-868-095 Flover Contract Plumbing Contractor's Company Name 99160 PO BOX License # **Address**

Insulation Permit Information

519 Old bruy Shee Lat.

Tatum Insulation I, Inc. Same, To Insulation Contractor's Company Name & Address

Signature of Officer(s) of Corporation

(919) 661 0999

Telephone

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 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 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: 100 Jasan Price Construction, Inc.			

Plan Box Number_		-03
------------------	--	-----

Job Name Powluosa trail # 49

Date: 7-23-10

Required Inspections for SFA/SFD

Appl. # 10-5-24749
Valuation # 230,714
Sq. Feet 355 1

Sequence

10	D# Dide Footing
10-30	R* Bldg. Footing
20	R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
40	R*Plumb. Under Slab
	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