* 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 #_
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: _	wsb (unst.		Date:
Address:				_Phone:
Directions to Job s	ite from Lillington:			
Subdivision:	The Se			Lot: 89
Construction Type	: (Please Check)	Build	ding Use: (Please (Check)
New Renovation	_ Moved House		lesidential	Commercial
Renovation _	_ Addition C	Other M	lodular	Multi-Family
Total Project Cost:	:Des			
Heated SE	Consul Connec ()		actor Information	
Heated SF	_Crawl Space() _Slah ()	Build	ling Construction (e Disturbed	Cost \$Stories
	Jab ()	AGIE	S Distained	Stones
Building Contracto	r's Company Name	Mycle	7/0 - 72	Stories
7707	- 3 Company Nami	والأخالف	. M NOSON	16111
Address A	1001 10	Lyetteville,	NC ASSO	67/66
$\mathbf{x} \sim \mathbf{z} \sim \mathbf{z}$			*c - c	Licerise #
etanotura et Oura	J. Heasa			
Signature of Owne		Electrical Per	rmit Information	
Description of Wor	k Electrical	Work	Electrical Cost	\$
TS Pole: Yes ()	No() Undergrou	und () Over	head ()	
Permanent Service	e: Underground ()	Overhead ()	Serviçe Size:	Amps
Konger Electric	Expirtename (En Inc.	919-499	- 7767
Electrical Contracto	or's Company Nam	ié	Telephone	
80 Ne:11 Thom	ras Rd Lilling	ten NE 27	546	2/643- <i>U</i> License #
Address	25			
Herli	5.	\supset		8 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -
Signature of Officer	r(s) of Corporation			
		<u> Wechanical Pe</u>	ermit Information	
Description of	Work			
Number of Uni	/	pe System	Mechanic	al Cost 3
CONORCO	DOMECTOL'S COLLIDARY	AV MC.	Telephone	
Megranical Co	<i></i>	Yof By	100d	#29077
Address	MIN TON	ALL CALL	TO 分号	License #
			MIN PAID	a .
Signature of O	ifficer(s) of Corporation	on .		
	21	Plumbing Per	mit Information	
Description of Work	(Jongins			m
Number of Baths	. 2 .		Plumbing Cost	\$
Jamie James	hasen Plumb	1 <u>~</u>)	 ;	
Plumbing Contracto	or's Company Nam	e	Teleph	one
1490 ClAr	-x Re	Lillingh-	N.C. 2754	one 21649
Address 0		O		License #
your ston	and the state of t			
	/)	_		
opnature or whicen	(s) of Corporation	— formation Peci	dential () Other	() Not Required ()
O Ins	sulation Permit In		dential () Other	() Not Required ()
O Ins	(s) of Corporation sulation Permit In Lynd Aug. Dry Scompany Nam		dential () Other	() Not Required () 10 - 496 - 8355 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				
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? YesNo				
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:				
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.				
Sign w/Title:				

Plan Box Number 03

Job Name Summit

Date: 7-8-10

Required Inspections for SFA/SFD

Appl. # 10 500 24752
Valuation 182765 Sq. Feet 2813

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
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