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

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permi

it 9/1/10  Date: 8/6/10
hone: <u>919 381 81</u> 19
N. TURN LAFT ONT . 60 4 miles
ot: <u>'</u>
of Bedrooms: Space: Slab:X
892 9299
Daughtry @ Signamulumi Iress
<del>′3/</del>
s T-Pole:YesNo 237 - 0247_
iress 767
9 329-0686
dress 644
e
dress 7958

Owner's Name: SKINATURE HOME BUILDERS	DateDate.
Site Address: LOT 4 (90 Handing LANG)	Phone: 919 38/ 8//
Directions to job site from Lillington: TAKE Hwy 27 F	TROM LILLINGTON. TURN LOFT OF
HWY 24. 60 1.6 miles RIGH ONTO	maries Road. 60 4 miles
TRIGHT INTO COOPER FARMS	
Subdivision: Cooper Farms	Lot: <del>' f</del>
Description of Proposed Work: NEW CONSTRUCTION	# of Bedrooms:
Heated SF: 1392 Unheated SF: 684 Finished Bonus Ro General Contractor Info	om? <u>NO</u> Crawl Space: Slab: <u>X</u>
Signature Home Builders	910 892 9299
Building Contractor's Company Name	Telephone
BOI NOST CHMBERLAND SMEET	Larry Daugh fry @ Signarum
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	49431 lirense # 31
Signature of Owner/Contractor/Officer(s) of Corporation	LICCIISC #
Description of WorkService	e Size:Amps T-Pole:YesNo
	910 237 -0247
Electrical Contractor's Company Name	Telephone
P.D. 30x 427, ERLIN 28734	'
Address	Email Address
Philip B. White	22907
Signature of Owner/Contractor/Officer(s) of Corporation  Mechanical/HVAC Contractor	License #
	THIOMICE TO THE PARTY OF THE PA
Description of Work	019 220 01.86
STEPHENSON'S HEARING & AIR  Mechanical Contractor's Company Name	9/9 329-0686 Telephone
international Contractor's Company Name	releptione
343 ShipNASH DA. GARNER NC Address 2756	Email Address
27 · · · ·	18644
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Info	
Description of Work	# Baths
LR 6/000m Musting INC.	
Plumbing Contractor's Company Name	Telephone
B.O Box 764 BONSON 27504	·
Address ,	Email Address
Lu Chary	07958_
Signature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Inf	License # ormation
TRI CITY	910 237 0457
Insulation Contractor's Company Name & Address	Telephone

\*NOTE: General Contractor must fill out and sign the second page of this application.

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 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 <a href="mailto:any-changes-occur-including-listed-contractors">any-changes occur-including-listed-contractors</a> , 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				
Signature of Owner/Contractor/Officer(s) of Corporation  9-11-10  Date				
Affidavit for Worker's Compensation N.C.G.S. 87-14				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
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				
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:				
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.				
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				
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:  YES  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.				
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				

Plan	Вох	Number	3	4

Job Name Cooper Farms

Date: 8-11-10

## Required Inspections for SFA/SFD

Appl. # 16 - 5002 495 C Valuation | 12 2 6 6 Sq. Feet 1888

## Sequence

10	P4.04.
	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. Movo
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
50	One Trade Final
50	One Trade Final > 2500
)99	
	Envir. Operations Permit