\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 10 50024980

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 Permit**

Owner's Name: Tom Charnetzky Custom Hou	nes LLC Date: 1-18-12
Site Address: 125 Cobblestone Dr.	Phone: 252-883-7540
Directions to job site from Lillington: 210 5. to Over hills Rd.	Rt. to Stone Cross
Rt. to Cobblestone, Rt. to lot on 1	eft
Subdivision: Stone Cross	Lot: <u>3 /</u>
Description of Proposed Work: New Res. Const.	# of Bedrooms:
Heated SF: 2260 Unheated SF: 572 Finished Bonus Room?	VO Crawl Space: Slab: Y
Charnetzky Castom Homes LLC	252-826 9955
Building Contractor's Company Name	Telephone
29 Gordon Lane Spring Lake N.G. Address	tch @nc.rr.com Email Address
66835 License #	
Electrical Contractor Information	
Description of Work Wire Home Service Size:	
Parnell Electric Service	919 - 710 - 5230 Telephone
Electrical Contractor's Company Name	parnellelectric enerricom
11 Glendaln. Garner, NC. 27529 Address	Email Address
28143-L	
License #  Mechanical/HVAC Contractor Inform	ation
Description of Work Install Complete HUAC Syste	
	919-329-0688
Stephenson Hearing + Air Inc.  Mechanical Contractor's Company Name	Telephone
343 Shipwash Dr. Garner, NC 27529 Address	Stephensonhvae @aolicom Email Address
18644	
License # Plumbing Contractor Informatio	n
	# Baths 2
Description of Work Plumb Whole House	919-552-4489
Plumbing Contractor's Company Name	Telephone
111 Tasha Lane Fuguey NC 27526 Address	Email Address
06081	
License # Insulation Contractor Information	on
Tri-City Insul + Bldg Prod. 334 E. Mountain Dr. Insulation Contractor's Company Name & Address Fayer wille, DC	Telephone

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Homeowners Applying to Build Their Own Flease answer the following questions then see a Permit Technician to determine if you qualify for pugestionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memory)	ermit under Owne	rs Exemption. on request)
1. 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 consect months following completion of construction and do you understand that you do not do so, it creates the presumption under law that you frauduled secured the permit?	if	No
and that the construction will conform to the regulations in the Building, El Mechanical codes, and the Harnett County Zoning Ordinance. I state the infecontractors is correct as known to me and that by signing below I have obtain permission to obtain these permits and if any changes occur including listed number of bedrooms, building and trade plans, Environmental Health permit changes, I certify it is my responsibility to notify the Harnett County Central Peany and all changes.  EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. is as per current fee schedule.  Signature of Owner/Contractor/Officer(s) of Corporation	ormation on the decire all subcords contractors, anges or propermitting Department 2 years	ne above ntractors site plan, osed use rtment of re-issue fee
Affidavit for Worker's Compensation N.C.G.  The undersigned applicant being the:	S. 87-14	
The undersigned applicant being the.    General Contractor Owner Officer/Agent of the Contractor Owner	Contractor or C	wner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corposet forth in the permit:		
Has three (3) or more employees and has obtained workers' compensation	ion insurance	to cover them.
Has one (1) or more subcontractors(s) and has obtained workers' comp them.	ensation insur	ance to cover
Has one (1) or more subcontractors(s) who has their own policy of work covering themselves.	ers' compensa	ation insurance
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 Department issuing the permit may require certificates of coverage of worker's to issuance of the permit and at any time during the permitted work from any permitted work.	compensation erson, firm or o	insurance prior corporation
Company or Name: Tom Charnetzky Custom Homes  Sign w/Title:	LLC	
Sign w/Title:	Date: 5 -	30-11

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