	Lot 44 Carolina Stasts					
"larson w						
* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company		Applica Harnett County Central Permitting	ation #			
license.	phone must match information on	PO Box 65 Lillington, NC 27546	in course then			
	App	910-893-7525 Fax 910-893-2793 www.hamett.org/ ication for Residential Building and Tra	des Permit			
	Owner's Name: JASON Pr	le construction, Inc.	Date: 8/31/10_			
	Site Address: 581 Sph	ng Flowers Drive Phone:	814-4236			
	Directions to job site from Lillin	gton: Hug 87 to milton werch icd.	O anto Mitton helch.			
	Chiss over to Pondenis	" Trail. @ onto Firm Kidg. (Danto Green Littes.			
	O anto Spring Flow	ers. Lot down m lett.				
	Subdivision: <u>Carolina</u>	Seusons	Lot:44			
	Description of Proposed Work:	New Home	_#Bedrooms:3			
	Heated SF 2545 Unheate	SF Finished Rec Room?	<u>S</u> Crawl Space () Slab ()			
ULL	lac Quin (General Contractor Information	1221-			
2 EN	Unsin Price Constr Building Contractor's Company		13.6			
><	170 Pine state st		50851			
SEP	Address	·	License #			
	Maupic	Must sign & fill ou	it second page			
	Signature of Owner/Contractor	Cleatical Durmit Information				
1	Description of Work New	Home Starvice Star: 200	Arups TPole: permo			
-	MAT Electrical		8-0108			
	Electrical Contractor's Compan P.O. R. Y 284 Sch	A a a made and	11906-11			
	Access _	Λ	License #			
	Jamen dilaman	le.	••			
	Signature of Officar(s) of Corps					
0		Mechanical/HVAC Permit Information	<u>1</u> ··· -			
		u Home QIQ Time QIQ.	YOL EHIO			
Jackson's Heating + AIC, Inc. <u>919-841-5410</u> Mechanical Contractor's Company Name Telephone						
PO Box 82, Benson, NC 27504 23670						
Advises - License #						
J. David-Jackson, President						
Signature of Officer(s) of Corporation Plumbing Permit Information						
Description of Work New Home, # Baths 2.5						
Glover Contract Plumbing Irec 919-868-0959						
Plumbing Contractor's Company Name Telephone						
	PD Box 726					
Adress License #						
Signature of Officer(s) of Corporation						
Insulation Permit Information						
	Tatum Insulation	I Inc. 720 Gamer NC	^{1.} <u>(919)661-09</u> 99 Telephone			
	Insulation Contractor's Comp	any Name & Mouress	t order ratio			

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Homeowners Applying to Build Their Own Please answer the following questions then see a Permit Technician to determine if you qualify for p Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Mem	ermit under Owr	ners Exemptior Son 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 frauduler secured the permit?	if ntly	No
number of bedrooms, building and trade plans, Environmental Health permit ch changes, I certify it is my responsibility to notify the Harnett County Central Pe any and all changes.	ermitting Depa	artment of
is as per current fee schedule. NHTUMMU Signature of Owner/Contractor/Officer(s) of Corporation Date	110	re-issue fe
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 Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the:	110	re-issue fe
is as per current fee schedule. Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S	0 5. 87-14	
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is as per current fee schedule. Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the C Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpor	5. 87-14 ontractor or Contractor or Contractor (s) perfection (s	Dwner orming the v
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CRANI

Plan Box Number AA-10

Job Name Carolina Seasons

Date: 9-2-)0

Required Inspections for SFA/SFD

Appl. # 10 - 50024987Valuation #19773Sq. Feet 3044

Sequence

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R* Bldg. Footing R* Elec. Temp Service Pole **R*** Building Foundation Address Confirmation **Open** Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In> 2500 Three Trade Rough In Three Trade Rough In> 2500 Two Trade Rough In Two Trade Rough In> 2500 One Trade Rough In One Trade Rough In > 2500 **R*** Insulation Four Trade Final Four Trade Final > 2500 Three Trade Final Three Trade Final > 2500 Two Trade Final Two Trade Final > 2500 **One Trade Final** One Trade Final > 2500**Envir.** Operations Permit