* Each se	ection below to	o be fil	led out by
whomeve	ır performing	work.	Must be owner
or license	d contractor.	Addre	ss, company
name & p	hone must m	atch in	formation oπ
icense.			

-	,	
section below to be filled out by ver performing work. Must be owner sed contractor. Address, company phone must match information on PO Box 65 Lillington, NC 27548 Application # 10 00	7 24 9	93
Telephone Number 910-893-7525 www.harnett.org		
Owner's Name: HSP Coust. H Dow. LLC Date: 8/6/10		,
Address:		
Directions to job site from Lillington:		
	•	
Subdivision: The Summer Lot: 38		
Construction Type: (Please Check) Building Use: (Please Check)	·	
New Moved House Residential Commercial		
Renovation Addition Other Modular Multi-Family	•	
Total Project Cost:Description of Proposed Work:		
Heated SFCrawl Space ()		
Unheated SF Slab () Acres Disturbed Stories		
MST Construction + Day, Cle 910-988-6404		
Building Contractor's Company Name Telephone		
P.O. Sox 2007 layetterille, NC 28302. G9/G6		
Live S. Housant		
Signature of Owner/Contractor/Officer(s) of Corporation — Must sign back of form & workers comp		
Description of Work Electrical Permit Information Electrical Cost \$ Electrical Cost \$	•	
TS Pole: Yes () No () Underground () Overhead ()		
Permanent Service: Underground () Overhead () Service Size: Amps		
Fiberer Electric if Soutenance Co. Tac. 919-499-7767 Electrical Contractor's Company Name Telephone	•	
80Ne:11 Thomas Rd Lillington NC 27546 21643-U		
Address License #		
Medlo.		
Signature of Officer(s) of Corporation Mechanical Permit Information		
	•	
Description of Work		
(byolina Charfort Av MC (910) 421-10(0)		
Mechanical Contractor's Configurary Name 508 1408 May 10+ 14 (Smith and #2007)	,	
Address Licenson		-
Signature of Officer(s) of Corporation		
Plumbing Permit Information		
Number of Baths 2 Plumbing Cost \$		
JAMIE Johnson Plumbing		
Plumbing Contractor's Company Name , Telephone		
1490 Clark Rd Lillingh- NC 27545 21649		
Address License #		
Consture of Officer(s) of Corporation		
Insulation Permit Information Residential () Other () Not Required ()		
In-Cuts Issultin 910-486-8855		
isulation Confractor's Company Name & Address 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? YesNo				
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 - or floriths to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per ourrent 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 ContractorOwner 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:				
Sign w/Title: Mensant, Hgr. Date: 8/6/10				

Plan	Box	Number_	07
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Job Name Summit

Date: 8-11-10

Required Inspections for SFA/SFD

Appl. # 16-500 24993 Valuation 172889 Sq. Feet 2661

Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Form 1st
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
40	Four Trade Rough In
40	Four Trade Rough In> 2500
	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
50	· · · · · · · · · · · · · · · · · · ·
50	Two Trade Final > 2500
50	One Trade Final
99	One Trade Final > 2500
	Envir. Operations Permit