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

25077

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: Stafford Land Company, Inc.	Date: 08/20/10
Site Address: 50 Summerlin Drive, Sanford, NC 27332	Phone:
Directions to job site from Lillington: Hwy 27 West - Turn right on Hwy 8 Turn right into subdivision	7 N - Turn left on Milton Church Road.
	Lot: 22
Description of Proposed Work: Single Family Dwelling	# of Bedrooms: 3
Heated SF: 1654 Unheated SF: 786 Finished Bonus Room? General Contractor Informati	✓ Crawl Space: ✓ Slab:
Staffford Custom Homes, Inc.	910-692-9808
Building Contractor's Company Name	Telephone
246 Valleyfield Lane, Southern Pines, NC 28387	staffland1@earthlink.net
Address D LOGO	Email Address 40123
Signature of Owner/Contractor/Officer(s)/of Corporation Electrical Contractor Information	License #
•	e: 200 Amps T-Pole: Yes No
B&M Electric Service, Inc.	(910) 483-4273
Electrical Contractor's Company Name	Telephone
1726 JonCee Drive Eastover, NC 28312-9701	jpjmb@aol.com
Address	Email Address
William H Poliston Signature of Owner/Contractor/Officer(s) of Corporation	6423-U
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical/HVAC Contractor Info	License # emation
Description of Work Install residential mechanical/hvac	
Sandhills Heating & Refrigeration	(910) 944-1086
Mechanical Contractor's Company Name	Telephone
PO Box 1341 Southern Pines, NC 28388	cbrewster@sandhillshr.com
Address	Email Address
13-11-	23938
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Informa	License #
Description of Work Install residential plumbing	# Baths ³
Clark's Plumbing, LLC	(910) 281-5666
Plumbing Contractor's Company Name	Telephone
Post-Office Box 100 Pinebluff, NC 28373	clarksplumbing@windstream.net
Address	Email Address
2 dd when like	14818
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Informa	
Tri-City Insulation & Bidg, 334 E. Mountain Dr. Fayetteville, NC 28306	(910) 486-8855
Insulation Contractor'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)		
1. Do you own the land on which this building will be constructed? ✓ YesNo		
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? ✓ YesNo		
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 You would be permited.		
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 <u>any</u> 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. August 20, 2010		
August 20, 2010		
Signature of Owner/Contractor/Officer(s) of Corporation Date		
Signature of Owner/Contractor/Officer(s) of Corporation 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: 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		
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✓ OwnerOfficer/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		
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: 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 ContractorOwnerOfficer/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		

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Plan Box Number	5-5

Job Name Stra Prond

Date: 8-20-10

Required Inspections for SFA/SFD

Appl. # 10-50025077 Valuation 152035 Sq. Feet 2340

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
	Postanono i ornine