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

25079

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

ner's Name: Stafford Land Company, Inc. Date: Object:			
e Address: 85 Summerlin Drive, Sanford, NC 27332 Phone:			
Directions to job site from Lillington: Hwy 27 West - Turn right on Hw	y 87 N - Turn left on Milton Church Road.		
Turn right into subdivision			
Subdivision: Summerlin	Lot: 34		
	# of Bedrooms: 3		
Heated SF: 1431 Unheated SF: 595 Finished Bonus Room	_		
General Contractor Inform			
Staffford Custom Homes, Inc.	910-692-9808		
Building Contractor's Company Name	Telephone		
246 Valleyfield Lane, Southern Pines, NC 28387	staffland1@earthlink.net		
Address	Email Address		
Walut J. Legge ell	40123		
Signature of Owner/Contractor/Officer(s) of Corporation	License #		
Description of Work Install residential electrical Service S	<u>nation</u> Size: 200 Amps T Bolo: ▼ Voc. 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 (C A	Email Address		
William / Valueto	6423-U		
Signature of Owner/Contractor/Officer(s) of Corporation	License #		
Mechanical/HVAC Contractor In	<u>iformation</u>		
Description of Work Install residential mechanical/heya			
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		
16-4-	23938		
Signature of Owner/Contracter/Officer(s) of Corporation	License #		
Plumbing Contractor Inform	-		
Description of Work Install residential plumbing			
Clark's Plumbing, LLC (910) 281-5666			
Plumbing Contractor's Company Name			
Post Office Box 100 Pinebluff, NC 28373	clarksplumbing@windstream.net		
Address	Email Address 14818		
Signature of Ourper/Contractor/Officer(s) of Comparation	License #		
Signature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Inform			
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 ✓ 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 - 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 Signature of Owner/Contractor/Officer(s) of Corporation Date				
Signature of Owner/Contractor/Officer(s) of Corporation Date				
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the:	87-14			
Affidavit for Worker's Compensation N.C.G.S.				
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the:	ntractor or Owner			
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor Owner Owner Officer/Agent of the Contractor Owner	ntractor or Owner			
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor Owner Officer/Agent of the Contractor	ntractor or Owner ation(s) performing the work in insurance to cover them.			
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor for the person(s), firm(s) or corporate the person in the permit: Has three (3) or more employees and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation	ntractor or Owner ation(s) performing the work in insurance to cover them. sation insurance to cover			
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor in the permit of the contractor in the contrac	ntractor or Owner ation(s) performing the work in insurance to cover them. sation insurance to cover			
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor Owner Officer/Agent of the Contractor Owner Officer/Agent of the Contract Has three (3) or more employees and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation Has one (1) or more subcontractors(s) who has their own policy of workers covering themselves.	ntractor or Owner ation(s) performing the work in insurance to cover them. sation insurance to cover s' compensation insurance the Central Permitting compensation insurance prior			
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the: General Contractor Owner Officer/Agent of the Condition Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate set forth in the permit: Has three (3) or more employees and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation Has one (1) or more subcontractors(s) who has their own policy of workers 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 Department issuing the permit may require certificates of coverage of worker's cot to issuance of the permit and at any time during the permitted work from any personal conditions.	ntractor or Owner ation(s) performing the work in insurance to cover them. sation insurance to cover s' compensation insurance the Central Permitting compensation insurance prior			

Plan	Box	Number	G	3

Job Name Stafford

Date: 8-20-10

Required Inspections for SFA/SFD

Appl. # 16-56625079 Valuation 12 4355 Sq. Feet 1914

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