name & phone must match information on

* Each section below to be filled out by whollveer performing work. Must be owner or licensed contractor. Address, company

Application # 10-500-25082
Harnett County Central Permitting
PO Box 65 I Minetes At 977

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: ABT 12465TMLCITS Date: 8-11-10.	
Site Address: Kéntan Farms 254 Emma ct. Phone: 910-237-5006	SCANNED 8 23/10
Directions to job site from Lillington: South 401 to Reeve Bride rd	DATE
turn right go to Kenland Farms, Turn Left	5 =
Go to Emma Ct House Site on	
Subdivision: Kenlan Farms: 1236 Emmact Lot 25	
Description of Proposed Work: New Home #Bedrooms: 3	
Heated SF 1400 Unheated SF Finished Rec Room? V Crawl Space (4) State (1)	AUG 2 3 ENT'D
General Contractor Information	
RANGESUF CONST-DIC- 9/6 297-506 Building Contractor's Company Name Telephone	
330 Aylshine Ct, Cay NC 28311 22992 11C.	
Address Must sign & fill out second page	
Signature of Owner Contractor/Officer(s) of Corporation	
Description of Work Community Willess Service Size: 200 Amps The Willess Service Size: 200 Amps The Willess Service Size: 200 Amps The Training The	
Description of Work (Man 1279 W 11224 Service Size. 2007 Perips 17 Oct ()	
Electrical Contractor's Company Name Telephone	
1534 Londonderry Rd. 28301 Fay nc. 149354	
Address License #	
Mittad tate.	
Signature of Officer(s) of Corporation	
Mechanical/HVAC Permit Information	
Description of Work Supply Judeking System, By-NC Code.	
Telephone Telephone	
Mechanical Contractor's Company Name Telephone Telephone 1/6/4 H2-3 License #	
Address #	
Piece les	-
Signature of Officer(s) of Corporation Plumbing Permit information	•.
Description of Work Complete Livelting 24 stem. # Baths 2	
010 -17.0-6712 · 2	
Plumbing Contractor's Company Name Telephone	
3242 mid fine Pd 28306 Fayne 077.56-PL	
Address #	
In April 1	
Signature of Officer(s) of Corporation Insulation Permit Information	
Blown Rite (910) 483 8191	
Insulation Contractor's Company Name & Address Telephone	

) 236 Emma ct. Kenlan Farms

8/21/08

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? 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? YesNo		
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. Date		
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.		
$\underline{\hspace{0.1cm}}$ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover hem.		
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.		
o issuance of the permit and at any time during the permitted work from any person, firm or corporation arrying out the work.		
o issuance of the permit and at any time during the permitted work from any person, firm or corporation		

Plan Box	Number	C3

Job Name Kenla Farms

Date: 8-23-10

Required Inspections for SFA/SFD

Appl. # 10-500 250 8 2 Valuation \$ 155282 Sq. Feet 2390

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