* Each section below to be filled out by whomever performing work. Must be owner	Application # 10 - 500 - 25 347
or licensed contractor. Address, company name & phone must match information on	Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits	
Appl	ication for Residential Building and Trades Permit
	Cammings Date: 10-25-10
Site Address: 5 5 mm	Phone:Phon
Directions to job site from Lillin	gion: Huy 27 west The Tigue Tike
Alline T.R.	Sammin Lot an left
Subdivision: Section	Lot:/
Description of Proposed Work:	
Heated SF 22 /Z Unheater	SF Finished Rec Room? VI Crawl Space () Slab ()
	General Contractor Information
CEBCO CUNT. 7	NC 584 6715
Building Contractor's Company	Name SP4 6765
130 Crustik RA	Lillington AC 17546 21326
Address	License #
	Must sign & fill out second page
Signature of Owner/Contractor	
	Electrical Permit Information Heuse Service Size: 200 Amps TPole: yes/no
Electrical Contractor's Compan	v Name Telephone
<u>3483 Camero</u> Address	License #
	Corps Ht
Signature of Officer(s) of Corpo	ration
	Mechanical Permit Information
Description of Work	w House
Parolina Comser	•
Mechanical Contractor's Comp	any Name Telephone
5212 000 14	5 70 w Clayton NC 27520 H3-29077
Address 2	2 License #
Couling to	ault
Signature of Officer(s) of Corpo	ration <u>Piumbing Permit Information</u>
Description of Work	
Jamie Johnso Plumbing Contractor's Compar	Plumbing SIC 554 6277 Name Telephone PO SIIInsta Meg 1546 SIIInsta Meg 1546 SIG 49 License #
	iy Name receptione 21414 S
1490 Clark	License #
Address/	Realized
Signature of Officer(S) of Com	pration
Signature of Childer (Child Color	Insulation Permit Information
	C
Insulation Contractor's Compa	ny Name & Address Telephone

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Application # 10 - 500 - 25347

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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 Exemp Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon ref	tion.	
1. Do you own the land on which this building will be constructed?yesno	40001)	
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?		
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?		
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 <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. 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 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 worset forth in the permit:	ork	
Has three (3) or more employees and has obtained workers' compensation insurance to cover them	1.	
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.	e	
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 pr to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.	ior	
Company or Name: CEBCC CONST ZUC		
Company or Name: CEBCC CONST ZUC Sign w/Title: Date:		

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N

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Plan Box Number____

Job Name Kenth Cum

Date: 10 - 26 - 10

Required Inspections for SFA/SFD

Appl. # 10-50025347Valuation # 181660Sq. Feet 2796

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