

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

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # 25373

**Application for Residential Building and Trades Permit**

Owner's Name: Blair Edmonds Date: 10-4-10  
Site Address: 276 Bear Dr. Lillington, NC 27546 Phone: 910 985-0753  
Directions to job site from Lillington: Old 421 toward Sanford. 5 miles turn left on Bear Dr. In Ross-McKee Bear Spd.  
Subdivision: Ross McKee Bear Lot: 10  
Description of Proposed Work: New Residence # of Bedrooms: 5  
Heated SF: \_\_\_\_\_ Unheated SF: \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_

**General Contractor Information**

James Ray Construction Telephone: 910 890-1141  
Building Contractor's Company Name  
1616 McKee Lane Rd  
Address  
James Ray Construction Email Address: 55442  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Electrical Contractor Information**

Description of Work: New Construction Service Size: 400 Amps T-Pole:  Yes  No  
Pope Electrical Co.  
Electrical Contractor's Company Name Telephone: \_\_\_\_\_  
3483 Cameron Dr. Sanford N.C. 27332 Address Email Address: Electric Pope at windstream.net  
James M. Pope Signature of Owner/Contractor/Officer(s) of Corporation License #: 04077-U

**Mechanical/HVAC Contractor Information**

Description of Work: New Construction  
Carolina Air Mechanical Contractor's Company Name Telephone: 910-585-2425  
3700 Hwy 15-501 Carthage 28327 Address Email Address: Gary HVAC 777 @ earthlink.net  
Gary Ballard Signature of Owner/Contractor/Officer(s) of Corporation License #: 23549

**Plumbing Contractor Information**

Description of Work: New Construction # Baths: 4  
Gilbert Plumbing Plumbing Contractor's Company Name Telephone: 910-567-6361  
1638 Timothy Rd Dunn 28334 Address Email Address: RGilbert@enterstar.net  
Robbie Gilbert Signature of Owner/Contractor/Officer(s) of Corporation License #: 10929

**Insulation Contractor Information**

Tri City Ins. Co. 354 E. 1st Lillington N.C. 27546 Insulation Contractor's Company Name & Address Telephone: 910-486-8855  
28301

\*NOTE: General Contractor must fill out and sign the second page of this application.

### 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?      \_\_\_ Yes \_\_\_ No
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?      \_\_\_ 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.

James Ray Construction  
Signature of Owner/Contractor/Officer(s) of Corporation

10/5/10  
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.

\_\_\_ 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: James Ray Construction

Sign w/Title: James Ray Date: 10/5/10

CRAW 1

Plan Box Number C6

Job Name James Ray

Date: 10-25-10

Required Inspections for SFA/SFD

Appl. # 10-50025373  
Valuation #247931  
Sq. Feet 3816

Sequence

- |        |                                     |                             |
|--------|-------------------------------------|-----------------------------|
| 10     | <input checked="" type="checkbox"/> | R* Bldg. Footing            |
| 10-30  | <input type="checkbox"/>            | R* Elec. Temp Service Pole  |
| 20     | <input checked="" type="checkbox"/> | R* Building Foundation      |
| 20     | <input type="checkbox"/>            | Address Confirmation        |
| 30-999 | <input checked="" type="checkbox"/> | Open Floor                  |
| 30-999 | <input type="checkbox"/>            | R* Bldg. Slab Insp.         |
| 30-999 | <input type="checkbox"/>            | R* Elec. Under Slab         |
| 30-999 | <input type="checkbox"/>            | R*Plumb. Under Slab         |
| 40     | <input type="checkbox"/>            | Four Trade Rough In         |
| 40     | <input checked="" type="checkbox"/> | Four Trade Rough In > 2500  |
| 40     | <input type="checkbox"/>            | Three Trade Rough In        |
| 40     | <input type="checkbox"/>            | Three Trade Rough In > 2500 |
| 40     | <input type="checkbox"/>            | Two Trade Rough In          |
| 40     | <input type="checkbox"/>            | Two Trade Rough In > 2500   |
| 40     | <input type="checkbox"/>            | One Trade Rough In          |
| 40     | <input type="checkbox"/>            | One Trade Rough In > 2500   |
| 50     | <input checked="" type="checkbox"/> | R* Insulation               |
| 60     | <input type="checkbox"/>            | Four Trade Final            |
| 60     | <input checked="" type="checkbox"/> | Four Trade Final > 2500     |
| 60     | <input type="checkbox"/>            | Three Trade Final           |
| 60     | <input type="checkbox"/>            | Three Trade Final > 2500    |
| 60     | <input type="checkbox"/>            | Two Trade Final             |
| 60     | <input type="checkbox"/>            | Two Trade Final > 2500      |
| 60     | <input type="checkbox"/>            | One Trade Final             |
| 60     | <input type="checkbox"/>            | One Trade Final > 2500      |
| 999    | <input type="checkbox"/>            | Envir. Operations Permit    |

2-23-11

Application # 1050025373

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PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793  
www.harnett.org/permits  
Certification of Work Performed By Owner/Contractor  
(Individual Trade Application)

Owner (s) of Structure: Chuck Byrd & Gina Edmonds Phone: 910-988-6563  
Owner (s) Mailing Address: P.O. Box 461 Bunnlevel, NC 29323

Land Owner Name (s): Chuck Byrd & Gina Edmonds Phone: 910-988-6563  
Construction or Site Address: 276 Brae Dr. Lillington NC  
PIN or Parcel # from GIS: \_\_\_\_\_

Job Cost: \$400.00 Description of Work to be done: Run gas line from house to 250 tank to hook up 3 fireplaces

Mechanical: New Unit With Ductwork \_\_\_ New Unit Without Ductwork \_\_\_ Gas Piping   
Electrical\*: 200 Amp \_\_\_ <200 Amp \_\_\_ Service Change \_\_\_ Service Reconnect \_\_\_ Other \_\_\_  
\* For Progress Energy customers we need the premise number  
Plumbing: Water/Sewer Tap \_\_\_ Number of Baths \_\_\_ Water Heater \_\_\_

Specific Directions to Job from Lillington:  
To Lillington - to rd 121, turn (R) at O/Quinn Funeral Home. Stay E Brae, to Hart Diss. Shawtown School. Subdivision on Left - Ross, McKee & Brae. LAST house on Right

Subdivision: Ross, McKee & Brae Lot #: \_\_\_\_\_

Mike Denning will provide the Gas Piping labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 21095, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: Dixie Denning Supply Co Inc (and) Phone: 814 2824  
Address: P.O. Box 517 Benson NC 27514 County: Johnston  
Contractor's License #: 21095 Email Address: denning.mm@gmail.com  
Contractor's Signature: Mike Denning Date: 2-22-11

\*Company name, address, & phone must match information on license.