Lach section below to be filled out by whomever performing work. Must be owner or ilcensed contractor. Address, company name & phone must match information on

## Application # 10500 2 5438 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: David R. Taylor	Date: //-/0-/D
Site Address:	
Directions to job site from Lillington: 40 N Toward	Phone: 919-906-4069
Pat Seminole, Rt. on Latson Lake	15 Sanford Rt. at light
Subd. on left, 1st lot on left	- 3 to 212 So 19.
Subdivision: Cinnanda Hill	
	Lot:/
Description of Proposed Work: New Construction	
Heated SF 1428 Unheated SF 453 Finished Rec	C Room? Crawl Space ( ) Slab ( )
11 WYW Properties	919-904-4069
Building Contractor's Company Name	elephone
POBOX 875 Browling NC 275	05 59450
Address	License #
Signature of Owner/Contractor/Officer(s) of Corporation	lust sign & fill out second page
	information
Description of Work ACW Posicle 114 () Service Si	ze: 200 Amps TPole yes/no
Electrical Contractor's Company Name	919-499-3946 elephone
1614 Leslie Rd Sanford NC 273	a:2 (2)
Address	License #
Collen le Bohn	2.0000 #
Signature of Officer(s) of Corporation	
Description of Work Manager Single Mechanical/HVAC Perm	nit Information
Evergreen Energy Co.	121 0521 080
Mechanical Contractor's Company Name	3369536080 Telephone
3854USAWyle4E. DSheborONC 276	703 //358
Address 10 f	License #
Signature of Officer(s) of Corporation	
Plumbing Permit inf	formation
Description of Work New residential	# Baths
Jamie Johnson Plumbins	910-814-7715
Plumbing Contractor's Company Name	
82 Greenhouse Ct. Lillington, 2	
disso di	License #
igniature of Officer(s) of Corporation	
Insulation Permit Infor	rmation
A. Citte I. Astellian 234 Sand March	. A 0 . 101 .
sulation Contractor's Company Name & Address Fay effe	UISTE NC 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?  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 <a href="mailto:any">any</a> 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.  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 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: Thomas Properties  Sign w/Title: Bay Walls Date: 1/-10-10		
Sign w/Title: 15 a. Watts		

2 of 2

Plan Box Number A 3

Job Name David Taylor

Date: 11-10-10

## Required Inspections for SFA/SFD

Appl. # 10-5-25438Valuation  $\frac{122,212}{89}$ Sq. Feet  $\frac{188}{9}$ 

## Sequence

	· /
10	tootiva Danie
10-30	R* Bldg. Febring
20	R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
30-999	Open Floor
· · · · · · · · · · · · · · · · · · ·	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
	£