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

Application # 10500 25506

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* PROGRESS PRIM. # 06494659

Application for Residential Building and Trades Permit

Owner's Name: CRAK - 4401 DANIEL	Date: 2- 2 <i>3-</i> //
Site Address: 350 HILLARD Rd. FURLY MARINA N.C.	27526 Phone: 856-327-1393
Directions to job site from Lillington: Hery 401 Tours Frank	
RL GO. 1/2 MILE THAN RIGHT ON HILLARD ?	Rd Go 1/4 MILE SIZE ON RIGH
* CONTACT PHIL STEPHELSON - 919-42	
Subdivision:	Lot LT 3R - PACRE
Description of Proposed Work: NEW RESIDENTIAL	# of Bedrooms:
Heated SF: 2620 Unheated SF: 700 Finished Bonus Room?	
General Contractor Informati	ion
STEAKENSON BUILDERS INC.	99427-8654 (9412)
Building Contractor's Company Name	Telephone
1187 N. RAUGIGH ST. ANGIGE, 14.C. 27501	
Address	Email Address
This stephenson	53604
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information	License #
Description of Work Service Size	e: 200 Amps T-Pole: VYes No
REX DEAN ECECTRICAL	919-669-9781
Electrical Contractor's Company Name	Telephone
8039 KENNEBE RD WILLOW SPANS N.C. 2759	2
Address	Email Address
Nex Clean fe	05748
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical/HVAC Contractor Info	License #
4	mation
Description of Work NEW	0.8.5-2-6258
Mechanical Contractor's Company Name	919-552-6258 Telephone
539 WADE STEPHENSON R.C. HOLLY SPANGE N.C. 2754	•
Address /	Email Address
And Caroll - POES.	12655
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Informa	<u>tion</u>
Description of Work NEW (LESIDETTIA)	# Baths
W & W PlemBito Co. 1H.	919-639.0195
Plumbing Contractor's Company Name	Telephone
DO. Boy 1004 AH6162, N.C. 27501	
Address	Email Address
Signature of Owner (Contractor (Officer/a) of Connection	14087
Signature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Informa	License # tion
INSUMTING INCORP. RALEIGH N.C.	919-772.9000
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)		
Do you own the land on which this building will be constructed? Yes No No		
Have you hired or intend to hire an individual to superintend and manage construction of the project? Yes No		
Do you intend to directly control & supervise construction activities? Yes No		
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 <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. 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 Sweet/Contractor/Officer(s) of Corporation Date		
Signature of Starler/Contractor/Officer(s) of Corporation Date Affidavit for Worker's Compensation N.C.G.S. 87-14		
Signature of Mer/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
Signature of Starler/Contractor/Officer(s) of Corporation Date Affidavit for Worker's Compensation N.C.G.S. 87-14		
Signature of Mer/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
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		
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:		
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		
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		
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 certifies out the work.		
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		

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Plan Box Number_	ED

Job Name Daniel

Date: 2-23-11

Required Inspections for SFA/SFD

Appl. # 1050025504 Valuation 7206 999 Sq. Feet 3186

Sequence

	·	
10	R* Bldg. Footing	
10	R* Mono Slab	
10-30	R* Elec. Temp Service Pole	
20	Foundation Survey	
20	R* Building Foundation	
20 ~	Address Confirmation	Slab
30-999	Open Floor	
30-999	R* Bldg. Slab Insp.	Mono
30-999	R* Elec. Under Slab	· ·
30-999	R*Plumb. Under Slab	Crawl
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	
	-	