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Harnett County Central Permitting The state of the s

A Party

Application for Residential Building and Trades Permit

Harnett Developer	9, LLC 12-31.
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STADIS 10:00 Site work Compton HWY Z7W To	Doc's Rd. Laft au Par's Dd
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CODEC. of Proposed Work New Collaboration	Lot 112 5228, 48
200 2962 and 200 200 200 200 200 200 200 200 200 20	# of Bedrooms
General Communication SF 876 Construct Bong	s Room? Crawl Space Siao /
General Contractor	
Rang Contractor's Company Name	919 603-7965
N Saptor D. Cremento or NO 27502	Telephone
TESS	edward@wynnconstruct.com
and the same of the file.	Email Address 46295
nature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor	Information
SC piton of Work Ivow Constructor Sciences	evice Size 260 Amps T-Pole Yes No
Circe, Contractor's Company Name	919 730-1251
Francia Gordon S. Company Name: Francia Ross Bossos NC 2 964	Telephone
2.885	
	Email Address
ruture of Owner Contractor/Officer(s) of Corporation	21144
Mechanical/HVAC Contract	License #
Cupation of Woods (Year Car Structure)	ctor information
POLICE AND ACT	The state of the s
namical Contractor's Company Name	919 3294 9666
Milliwast Dr. Barner NC 77529	Felephone
A CONTRACTOR OF THE CONTRACTOR	The same of the sa
	Email Address
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Plumbing Contractor I	License # nformation
inplication of Work (May Crassification	-
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apicp Toptractics's Cocopany Name:	1919-9656 Telephone
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	Email Address
And the second s	22162
hard of Owner/Contractor/Officer(s) of Corporation	100 ALI CA 12
Insulation Contractor h	nformation
	519 661 - 0999
alion Centracio: s Company Name & Address	Telephone

'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)		
Do you own the land on which this building will be constructed? Yes 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.		
12/31/10		
Affidavit for Worker's Compensation N.C.G.S. 87-14		
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		
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) 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 carrying out the work.		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		

Plan Box Number AA-13

Job Name Trottels Ridge 112

Date: 1-7-10

Required Inspections for SFA/SFD

Appl. #__//-5-25846 Valuation <u>\$ 196,409</u> Sq. Feet <u>3023</u>

Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	_
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
40	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
	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
	Operations rettill