Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # <u>11-500 - 2600</u>0

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

SCANNED

BTA.C

## <u>Application for Residential Building and Trades Permit</u>

	= 1 0 V	-1-11		
	Owner's Name: JOSeph Bert	Date: <u>45</u> ///_		
	Site Address: Will adve will be to b	gylff@Phone:		
	Directions to job site from Lillington: Tako 27 w to 1	DOCS ROAD TUN		
	Kight on Mico town Road	, , , , , , , , , , , , , , , , , , ,		
		on the RIGHT		
	Subdivision:	Lot:		
	1 - 14-0	# of Bedrooms: 2		
3	· ·	····		
_ ¥	Heated SF: 1206 Unheated SF: 120 Finished Bonus Room?	Crawl Space: Slab:		
Σ	Coop Par Raildix	910-89-9608		
	Building Contractor's Company Name	960 - 89/- 9608 Telephone		
	1116 Tysinger Rd, Lillington	gardae mochatrina		
	Add=000 ( ) ( ) ( )	Email Address		
	Address Marchy	41527		
	Signatur / of Owher/Contractor/Officer(s) of Corporation	License #		
	Description of Work     Contractor Information   Contractor Information	1 Amps T-Pole:Yes <u>L</u> N <del>o</del>		
	Districk Clectore	90-893:-5774		
	Flectrical Contractor's Company Name	Telephone		
	1309 N Mam St Lillrohn			
	Address	Empil Address		
	- 15 mm tatack	47104		
	Signature of Owner/Contractor/Officer(s) of Corporation  Mechanical/HVAC Contractor Inform	License #		
	A - \	ation		
	Description of Work 100	910-893-5501		
	Mechanist Company Name	Telephone		
	724 Tur Magton Road Duss	relephone		
	Address	Email Address		
	herst Johnson	# 17164		
	Signature of Owner/Contractor/Officer(s) of Corporation	License #		
	Plumbing Contractor Information			
	Description of Work	_#Baths		
	Stalthyn	910-893-2642		
	Plumbing Contractor's Company Name  9 8 MNC all Road Lillingfon	Telephone		
	Address	Email Address		
	Signature of Owner/Contractor/Officer(s) of Corporation	License #		
	Insulation Contractor Information			
	Tricing Favethership	400-710-4973		
	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)				
1. 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				
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? 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 <a href="mailto:anv">anv</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 Dwner/Contractor/Officer(s) of Corporation  Date				
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 prictories 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:				
Sign w/Title: Japle M. Har M. Oury Date: 3/15/1/				

Plan Box Number	B5 Job Name_	Highwand Mus#108			
	Date: 2	21/11			
Required Inspections for SFA/SFD					
	Appl. #_//-	5-26000			
	Valuation_#	107,008			
Sequence	Sq. Feet/	471			
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	G 1			
30-999	R*Plumb. Under Slab	Crawl			
40	Four Trade Rough In  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 <u>L</u>	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 > 2500				
60	One Trade Final > 2500				
999	Envir. Operations Permit				