

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

Application for Residential Building and Trades Permit

Owner's Name: NC Custom Homes LLC Date: 2/2/11
Site Address: 247 REGAL CREST DR. FURRAY Phone: 919-946-3662
Directions to job site from Lillington: Hwy 401 N to ^{VA Int'l} roads FURRAY
VARIATION from CHRISTIAN LIGHT, TL on RIVER ROAD,
TR into SD, LOT ON LEFT
Subdivision: REGAL CREST Lot: 5
Description of Proposed Work: NEW RESIDENCE # of Bedrooms: _____
Heated SF: 2714 Unheated SF: 639 Finished Bonus Room? NO Crawl Space: Y Slab: _____

General Contractor Information

NC Custom Homes, LLC 919-946-3662
Building Contractor's Company Name Telephone
1508 MY CENAE PL., FV., NC ddozier@nc.vr.com
Address Email Address
[Signature] 61623
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information

Description of Work WIRE RESIDENCE Service Size: 200 Amps T-Pole: Yes No
SAFETY ELECTRIC SERVICE, Inc. (336) 275-5369
Electrical Contractor's Company Name Telephone
414 EAST VANDALIA ROAD
Address
[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation
Email Address 34450
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC FOR RESIDENCE
AIR CONTROL - HELMUT CLARK (910) 987-2070
Mechanical Contractor's Company Name Telephone
6623 SHEBBILL BAGLETT, GADSWIN, NC
Address 28344
[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation
Email Address 22335-L
License #

Plumbing Contractor Information

Description of Work PLUMBING FOR RESIDENCE # Baths 2 1/2
Rob Boyce (919) 639-0195
Plumbing Contractor's Company Name Telephone
P.O. Box 466, AVERA, NC
Address
[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation
Email Address 14087
License #

Insulation Contractor Information

INSULATING INC. 772-9000
Insulation Contractor's Company Name & Address Telephone

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

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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.

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

2/2/11
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: NC Custom Homes, LLC

Sign w/Title: [Signature] - Manager Date: 2/2/11

CRAW |

Regal Crest.

Plan Box Number AB

Job Name NC Custom Homes

Date: 2-7-11

Required Inspections for SFA/SFD

Appl. # 11-50026022
Valuation \$232572
Sq. Feet 3962

Sequence

10	<u>✓</u>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<u>✓</u>	R* Building Foundation
20	<u>✓</u>	Address Confirmation
30-999	<u>✓</u>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R* Plumb. Under Slab
40		Four Trade Rough In
40	<u>✓</u>	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>✓</u>	R* Insulation
60		Four Trade Final
60	<u>✓</u>	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	<u>✓</u>	Envir. Operations Permit

Current SFD Permits, Needs Addit Permits to Fin Bonus Room

Plan Box Number A-3

Job Name NC Custom Homes

Date: 4-13-11

Required Inspections for SFA/SFD

Appl. # 11 500 26022

Valuation 41516

Sq. Feet 639

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	