

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

Application # 1150026109
Harnett County Central Permitting
PO Box 65 Lillington, NC 27548

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

Application for Residential Building and Trades Permit

Owner's Name: MarketPlace Builders Date: 3-15-11
Site Address: Lot 33 Ashford Phone: 910 987 2900
Directions to job site from Lillington: 87 - 24 - Mark Rd
Ashford

Subdivision: Ashford Lot: 33
Description of Proposed Work: Resident #Bedrooms: _____
Heated SF 1964 Unheated SF 2341 Finished Rec Room? 2451 Crawl Space () Slab

General Contractor Information

MarketPlace Builders 910 987 2900
Building Contractor's Company Name Telephone
3102 N. Main St Hope Mills NC 28348 68161
Address License #

[Signature] Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work _____ Service Size: 200 Amps TPole: yes/no
Jimmy Hall Heating & Air 910 309 7150
Electrical Contractor's Company Name Telephone
Fayetteville NC 28306 24752
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work _____
Jimmy Hall 910 309 7150
Mechanical Contractor's Company Name Telephone
Fayetteville NC 28306 14953
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ # Baths _____
Dell Hairie DBA Dell Hairie P/BS 910 518 4863
Plumbing Contractor's Company Name Telephone
7612 Documentary Drive Fay, NC 28326 29209 P-1
Address License #

Dell Hairie owner
Signature of Officer(s) of Corporation

Insulation Permit Information

Ins Inc Raleigh
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
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

3-15-11
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: Market Place Builders LLC

Sign w/Title: [Signature] manager Date: 3-15-11

✓

mano

Plan Box Number D3

Job Name Marlett Race
Ben Paler

Date: _____

Required Inspections for SFA/SFD

Appl. # 1150020109
Valuation \$165,353
Sq. Feet 2545

Sequence

10	_____	R* Bldg. Footing
10-30	<u>✓</u>	R* Elec. Temp Service Pole
20	_____	R* Building Foundation
20	<u>✓</u>	Address Confirmation
30-999	_____	Open Floor
30-999	<u>✓</u>	R* Bldg. Slab Insp.
30-999	<u>✓</u>	R* Elec. Under Slab
30-999	<u>✓</u>	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	_____	Envir. Operations Permit