

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

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

Application # 11 4-00 26139

**Application for Residential Building and Trades Permit**

Owner's Name: John E. Amato Date: 11/21/11

Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Directions to job site from Lillington: \_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

Heated SF: \_\_\_\_\_ Unheated SF: \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_

**General Contractor Information**

As Owner  
Building Contractor's Company Name

Telephone

Address  
John E. Amato  
Signature of Owner/Contractor/Officer(s) of Corporation

Email Address

License #

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No

As Owner  
Electrical Contractor's Company Name

Telephone

Address  
John E. Amato  
Signature of Owner/Contractor/Officer(s) of Corporation

Email Address

License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

As Owner  
Mechanical Contractor's Company Name

Telephone

Address  
John E. Amato  
Signature of Owner/Contractor/Officer(s) of Corporation

Email Address

License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

As Owner  
Plumbing Contractor's Company Name

Telephone

Address  
John E. Amato  
Signature of Owner/Contractor/Officer(s) of Corporation

Email Address

License #

**Insulation Contractor Information**

As Owner  
Insulation Contractor'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)

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 Hamett 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 Hamett 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.

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

3/21/11  
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: \_\_\_\_\_

Sign w/Title: John E. [Signature]

Date: 3/21/11

Plan Box Number A-3

Job Name CARL HAMILTON EST #6

Date: 2/24/11

Required Inspections for SFA/SFD

Appl. # 11-500-26139

Valuation \$ 149,800

Sq. Feet 2301

Sequence

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