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

## Application # 11-500-26263 Harnett County Central Permitting

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

## Application for Residential Building and Trades Permit

Owner's Name: Kanneth Comming's	Date: <u> </u>		
Site Address: Lt 7 101 Summit	Phone: 984-6765		
Directions to job site from Lillington: Huy 27 12 457	T.L. Tisen		
Tek Alpine T. R. Samit 7	imbelies dend End		
Tike copper doing T. R. Boulde.			
	Lot:		
Description of Proposed Work: Att Holls	# of Bedrooms:		
Heated SF: 2276 Unheated SF: 575 Finished Bonus Room?			
General Contractor Informatio	<del></del>		
EFBCC Conste INC	970 984 6765 Telephone		
Building Contractor's Company Name	Telephone		
630 Griffin RD Lillingt ME 27576	ELC MEC ACKONTON , NO		
Address	Email Address		
	14 856		
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Permit Information	License #		
Description of Work Acustous'e Service Size: 200	Amps TPole: yes/no		
I'm pope flect 910	890 -3655		
Electrical Contractor's Company Name Telephone			
3483 Cameron Or.	21326		
Address	License #		
Signature of Officer(s) of Corporation			
Signature of Officer(s) of Corporation	<b></b>		
Mechanical Permit Information	<u>on</u>		
Description of Work New House			
Carolina Clinsert Air 41	9 373 4320 phone		
171007101110111			
S2/2 US TO W Clayton MC 2	1520 H3-29077		
Address (%)	License #		
Frelly facel			
Signature of Officer(s) of Corporation  Plumbing Permit Information	•		
	# Baths		
Description of Work Now House			
Plumbing Contractor's Company Name  Tele	phone 984 62 77		
Plumbing Contractor's Company Name	PHONE  12 1 1 1 2 C		
1490 Clark RO ZIIIngto 16713	76 <u>21645</u> License #		
Address/	कारकाकार राज्ये थे। रा		
anut formation			
Signature of Officer(s) of Corporation Insulation Permit Information			
Maan Dite			
Insulation Contractor's Company Name & Address	Telephone		

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

11-500-26263

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			
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? YesNo			
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?  YesNo			
3. Do you intend to directly control & supervise construction activities?			
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?			
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 <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.			
2-22-11			
Signature of Owner/Contractor/Officer(s) of Corporation  Date			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
the undersigned applicant being the:			
General Contractor Owner Officer/Agent of the Contractor or Owner			
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.			
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:			
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.			
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			
General ContractorOwnerOfficer/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.			
General ContractorOwnerOfficer/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			

Plan Box Number	S Job Name	Kenneth
•	_	Cummings
	Date:3	-22-11
Dogwined Inspections for	- CEA/CED	
Required Inspections for		5(9) 21, 21, 3
	Appl. #	50026263
	Valuation_	182635
Sequence	Sq. Feet	2811
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	<del></del>
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 60	Four Trade Final > 2500 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	
	Envir. Operations i ciniit	