

* 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 # 1150026514

SCANNED

Application for Residential Building and Trades Permit

DATE

Owner's Name: South River Homes, LLC Date: 18 May 2011
Site Address: 91 SEASON DRIVE, CAMERON NC 28326 Phone: 910-229-0022
Directions to job site from Lillington: Hwy 27 west, take right on Ponderson Trail
Take left on Seasons Drive, lots on the left.

Subdivision: CAROLINA SEASONS Lot: 111
Description of Proposed Work: Single Family New Const # of Bedrooms: 4
Heated SF: 1533 Unheated SF: 628 Finished Bonus Room? Crawl Space: Slab: checked

General Contractor Information

South River Homes, LLC Telephone: 910-229-0022
Building Contractor's Company Name
PO Box 488 Hope Mills NC 28348 Email Address: rnalls@nc.cc.com
Address
70116
License #

Electrical Contractor Information

Description of Work Service Size: Amps T-Pole: Yes No
B + N Electrical Corp. Telephone: 910-531-4913
Electrical Contractor's Company Name
5449 Hwy 210 S Stedman NC 28391 Email Address
Address
096221
License #

Mechanical/HVAC Contractor Information

Description of Work
Jimmy Hall Heating + Air Telephone: 910-424-8419
Mechanical Contractor's Company Name
5203 Hwy 301 S Hope Mills 28348 Email Address
Address
14953
License #

Plumbing Contractor Information

Description of Work # Baths: 2
VANCE JOHNSON Plumbing Company Telephone: 910-424-6712
Plumbing Contractor's Company Name
3242 Mid P.W.C Dr, Fay NC 28306 Email Address
Address
07756-01
License #

Insulation Contractor Information

INSULATION INC. Telephone: 919-842-0888
Insulation Contractor's Company Name & Address

*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 Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits 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.

William R. Nalls
Signature of Owner/Contractor/Officer(s) of Corporation

18 MAY 2011
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: South River Homes, LLC

Sign w/Title: William R. Nalls, President Date: 18 MAY 2011

CHANGING FROM mono TO SLAB

Plan Box Number BOY B-S

Job Name CAROLINA SEASONS #111

Date: 5/31/11

Required Inspections for SFA/SFD

Appl. # 11-500-26514

Valuation _____

Sq. Feet _____

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		Open Floor	
30-999		R* Bldg. Slab Insp.	Mono _____
30-999		R* Elec. Under Slab	
30-999	<u>✓</u>	R*Plumb. Under Slab	Crawl _____
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		Envir. Operations Permit	