* 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 a 0594

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		
11 / < 1 - R 1-law	Date: 5/18/1)	
Owner's Name: Hugy Surles Builders	Phone: 919 400, 7065	
Site Address: Las Las Alex Bu.	21/ T.ka I. (4 ch	
Directions to job site from Lillington: 10 m. 5 of Lillington	on all a pro corr or	
LASATER Rd. Lotis 5 mls ont.	_	
Subdivision:	Lot:	
Description of Proposed Work:	# of Bedrooms:	
Hosted SE: Finished Bonus Room?	Crawl Space: Slab:	
General Contractor Information		
Hugh Surlas Buildes	919 422 7065	
Building Contractor's Company Name	Telephone Hugh Surles @ AVL. COM	
126 Brandon Or Lillington NC 27546	Email Address	
Address	Email Address	
62559		
License # Electrical Contractor Information	200 Amps T-Pole: YesNo	
Description of Work Service Size: _	Amps 1-Pole:YesNo	
Rex Dean Electrical	99 552 428 Telephone	
Electrical Contractor's Company Name	relephone	
8039 Kennebec Rd. Willow Springs	Email Address	
Address	Ziliaii / ida. ses	
57.98		
License # Mechanical/HVAC Contractor Inform	ation	
Description of Work		
Vernas Electriz	639-2297	
Mechanical Contractor's Company Name	Telephóne	
PO BOX 398 AngraNC	T Address	
Address	Email Address	
404469		
License # Plumbing Contractor Information	n _	
/ 	# Baths 3	
Description of Work	919 557 1584	
Plumbing Contractor's Company Name	Telephone	
CO Box 1250 Language Marie	33 9 W	
Address	Email Address	
14903		
License #		
Insulation Contractor Information	<u>)11</u>	
15g-City Lysulation	Telephone	
Insulation Contractor's Company Name & Address	1 Glopilone	

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

04/11

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)			
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 I affirm that I have obtained all listed contractors 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 FRES - 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 of Owner/Contractor/Officer(s) of Corporation 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:			

Plan Box Number H2	Job Name_	HUGH SURLES CHATER RD #25	
	Date: <u>5/18</u>	8/11	
Required Inspections for SFA/SFD Appl. #			
	Valuation_		
		3024	
Sequence		452 Storage	
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	26.	
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 / 7	Envir. Operations Permit		