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 5 00 2666 9

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 Gene Krieger	Date
Site Address 165 Nortures Ray Dunn, NC 28334	Phone <u>919-422-6979</u>
Directions to job site from Lillington 11W4 4215. to Dun	in, Lett on Alexhors
	a Left on Newhous
	ivision
Subdivision Report Place	Lot16
Description of Proposed Work Sinche Family Residentia	# of Bedrooms
Heated SF Unheated SF Finished Bonus Room? Ye	Crawl Space 🔽 Slab
General Contractor Information	B10-1177-1-979
Ken Lawson Howes, Tro.  Building Contractor's Company Name	<u>919-432-6979</u> Telephone
120 Edmondson Drive Willow Spring, NO 27592	Hennolouson & hotmand ocon
Address	Email Address
59881	
License #	,
Description of Work SF Residential Man Condinate Service Size	Amps T Pole <u></u> YesNo
Just H Pape Electrical Contractors	919-820-0837
Electrical Contractor's Company Name	Telephone
567 Miller Rd Berson, NC 27504	None
Address	Email Address
27284-U	
License #  Mechanical/HVAC Contractor Inform	<u>ation</u>
Description of Work 5F- Residential New Construction	\
Radford HUAC	(19)553-4072 Telephone Nove
Mechanical Contractor's Company Name	Telephone
917 Hobbs St. Clayton, NC 27520	
Address	Email Address
License #  Plumbing,Contractor Informatio	<u>n</u>
Description of Work SF - Residential New Construction	# Baths
Gilbert Plunbin Co.	910-567-6361
Plumbing Contractor's Company Name	Telephone
1638 T. noth Rd /Junn NC 28334	None
Address	Email Address
<u> </u>	
License # Insulation Contractor Information	on
Twhen Treatotion I Tr.	919-661-0999
Insulation Contractor's Company Name & Address	Telephone

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

1 of 2

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 the 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 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.
25-09-2011
Signature of Owner/Contractor/Officer(s) of Corporation Date
digitature of Cwitch Contractor, Chicar (5) of Corporation
Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the
Affidavit for Worker's Compensation N C G S 87-14
Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the
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
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
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
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
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

Bennett Place Gel- Pin # 16 Job Name Ken Rawson Homes Plan Box Number Date: 6-6-11 Required Inspections for SFA/SFD Valuation#1845 Sq. Feet 28 Sequence 10 R\* Bldg. Footing 10 R\* Mono Slab R\* Elec. Temp Service Pole 10-30 Foundation Survey 20 20 R\* Building Foundation 20 Address Confirmation Slab 30-999 Open Floor 30-999 R\* Bldg. Slab Insp. Mono R\* Elec. Under Slab 30-999 30-999 R\*Plumb. Under Slab Crawl 40 Four Trade Rough In 40 Four Trade Rough In> 2500 40 Three Trade Rough In Three Trade Rough In> 2500 40 Two Trade Rough In 40 40 Two Trade Rough In> 2500 One Trade Rough In 40 One Trade Rough In > 2500 40 50 R\* Insulation 60 Four Trade Final Four Trade Final > 2500 60 60 Three Trade Final Three Trade Final > 2500 60 60 Two Trade Final 60 Two Trade Final > 2500 60 One Trade Final One Trade Final > 2500 60

**Envir. Operations Permit** 

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