

* 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 for Residential Building and Trades Permit

Owner's Name: James & Kelly Moore Date: 6/3-2011
Site Address: Cedar Rock Trail, Fuquay, 27526 Phone: 910-~~369~~
922-7010
Directions to job site from Lillington: _____

401 N., @ Christian Light Rd., @ Cokesbury, @ Cedar Rock Trail,
lot in cul de sac, end of the street.

Subdivision: Cedar Rock Subdivision Lot: 9

Description of Proposed Work: SFD - New # of Bedrooms: 3

Heated SF: 3418 Unheated SF: 387 Finished Bonus Room? Y Crawl Space: X Slab: _____

General Contractor Information

Strong Built Homes of NC, Inc. 919-662-2624
Building Contractor's Company Name Telephone

1322 N. Main St. Fuquay Varina, NC 27526 lastrong@nc.rr.com
Address Email Address

62691
License #

Electrical Contractor Information

Description of Work New Electrical Service Service Size: 200 Amps T-Pole: X Yes ___ No

Dawson's Electric 919-201-3841
Electrical Contractor's Company Name Telephone

3754 Cokesbury Rd. Fuquay Varina NC _____
Address Email Address

25948-L
License #

Mechanical/HVAC Contractor Information

Description of Work New HVAC _____
RH Williams Heating & Air 919-291-7112
Mechanical Contractor's Company Name Telephone

1203 N. New Hope Rd., Raleigh, NC _____
Address Email Address

06511
License #

Plumbing Contractor Information

Description of Work New Plumbing # Baths 3 1/2
Griffin's Son Plumbing 919-396-8545
Plumbing Contractor's Company Name Telephone

P.O. Box 232 Buies Creek, NC 27506 _____
Address Email Address

15696
License #

Insulation Contractor Information

Allpro Insulation 919-554-9004
Insulation Contractor's Company Name & Address Telephone

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

checked
6.8.11

26845

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 **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.

LA Strong
Signature of Owner/Contractor/Officer(s) of Corporation

6/3-2011
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: Strong Built Homes of NC, Inc.

Sign w/Title: LA Strong, VP Date: 6/3-2011

Change of Contractor

Application # 11-50026845

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**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

Owner (s) of Structure: _____ Phone: _____

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done _____

Mechanical: New Unit With Ductwork _____ New Unit Without Ductwork _____ Gas Piping _____ Other _____

Electrical*: 200 Amp _____ <200/Amp _____ Service Change _____ Service Reconnect _____ Other _____

* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap _____ Number of Baths _____ Water Heater _____

Specific Directions to Job from Lillington: _____

Subdivision: _____ Lot #: _____

Rick wells

I W+W Plumbing, Inc will provide the plumbing labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 62691, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

W+W Plumbing Co, Inc.
Contractor's Company Name

738 Chalybate Springs, Angier, NC 27501
Address

14087
License #

919-639-0195
Telephone
fax 919-639-0495

Email Address

Structure Owner / Contractor Signature: LA Strong Date: 8/29-2011

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

***Company name, address, & phone must match information on license**

Plan Box # File

Date 8-25-11

Job Name Strong Built

App # 1150026845

Valuation ^{\$} 312253

SQ Feet 4808

Inspections for SFD/SFA

Crawl _____

Slab _____

Mono _____

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 _____

>2500 _____

>2500 _____

Foundation Survey _____

Envir. Health _____

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____

Revision

*Finish Bonus Room
Space*