*Each section below t	o be filled out by
whomever performing	work Must be owner
or licensed contractor	Address company
name & phone must m	atch information on
license	

Application #
Harnett County Central Permitting
PO Box 65 Lillington NC 27548
910-893 7525 Fax 910-893 2793 www harnett org/

Application for Residential Building and Trades Permit
Owner's Name Carla Garaa Date 8-10-11
Site Address Jot 2 Mr. Dougald Rd Phone 910-890-2157
Directions to job site from Lillington Take old 421 out of 1.11 incton
take left onto Mr Dourald Rd site
is 5 miles down on the left before Timburing
SubdivisionLot
Description of Proposed Work <u>New Construction</u> #Bedrooms 3
Hoolad CE -// 18 Link - Lad CE & Co.
General Contractor Information Crawl Space (Slab ()
IDOMAS I roperties 919-9010-40109
Telephone Telephone
PO Box 875 Broadway NCA7505 59452
License #
Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation
Electrical Permit Information
Service Size 00 Amps TPolerves/no
Western Price Electric 919-499-3946
Electrical Contractor's Company Name Telephone
1914 Leslie Rosanford NC 27332 12007-U
Address #
Signature of Officer(s) of Corporation
Mechanical/HVAC Permit information
Description of Work Evergore New Construction
Cuerareen Enorgy
Mechanical Contractor's Company Name Talephone
3854 US Hoylo48ast Asheborn NC 27205-0462 11358
Address License #
Signature of Officer(s) of Corporation
Plumbing Permit Information
Description of Work New Construction # Baths 2 05
Plumbing Contractor's Company Name 910-591-811 Telephone
82 Greenhouse Ct Lillington NC 27546 21649
Address #
- Han Cold
Signature of Officer(s) of Corporation
The Att of the Association Permit Information
Insulation Contractor's Company Name & Address For Letter 10. At C. Telephone
Telephone

Horneowners 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 bind as when the tell and the constructed?yes no
2 Have you hired or intend to hire an individual to superintend and manage construction of the project?
3 Do you intend to directly control & supervise construction activities? yes no
4. Do you intend to not to the second to the
4 Do you intend to schedule, contract, or directly pay for all phases of construction work to beyes no
5 Do you intend to personally accurate building to
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?
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 Electronic Conformation in the Electronic Conformatio
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 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 EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00 After 2 years re-issue fee
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
Has three (3) or more employees and has obtained workers' compensation insurance to cover them
——— Has one (1) or more subcontractors(s) and has abtained used
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance
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
Company or Name Thomas Properties
Sign w/Title

Plan Box Number_	Job Name Thomas Pro
	0 - 11 11
	Date:
Required Inspections f	or SFA/SFD
required inspections i	Appl. # 1150027135
	Valuation 4188417
	Sq. Feet 2900
Sequence	
10	R* Bldg. Footing
10	R* Mono Slab
10-30	R* Elec. Temp Service Pole
20	Foundation Survey
20 V	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
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