

* 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 # 1150027420

Application for Residential Building and Trades Permit

Owner's Name: Diversified Investors Inc. Date: 8/8/11
Site Address: Lot 5@Sweetwater Hybrid Lane, Linden, NC Phone: (910) 346-9800
Directions to job site from Lillington: head south on 401, turn right onto W. Reeves Bridge Rd., turn left onto Will Lucas Rd.

Subdivision: Sweetwater Lot: 5
Description of Proposed Work: new single-family # of Bedrooms: 3
Heated SF: 1138 Unheated SF: 577 Finished Bonus Room? NA Crawl Space: NA Slab:

General Contractor Information

Atlantic Construction Inc. (910) 938-9053
Building Contractor's Company Name Telephone
7 E. Davis Ave., Jacksonville, NC 28540 aci@bizec.rr.com
Address Email Address
37596
License #

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: Yes ___ No
B3N Electric (910) 487-5000
Electrical Contractor's Company Name Telephone
5449 Hwy 210 South Stearns, NC 28391 _____
Address Email Address
09622-L
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Carolina Comfort Air Inc. (919) 550-7711
Mechanical Contractor's Company Name Telephone
5212 US Hwy 70 Bus. W. Clayton, NC 27520 _____
Address Email Address
29077
License #

Plumbing Contractor Information

Description of Work _____ # Baths 2
Dell Haire Plumbing (910) 429-9939
Plumbing Contractor's Company Name Telephone
7012 Documentary Dr. Fayetteville, NC 28306 _____
Address Email Address
24204 P-1
License #

Insulation Contractor Information

A-1 Insulation Inc. (910) 429-2990
Insulation Contractor's Company Name & Address Telephone

***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 **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.

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.

NA 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: Atlantic Construction Inc.

Sign w/Title: Jan R. Nelson Vice President

Date: 8/8/11

Plan Box # File

Date 8-25-11
Job Name Oceanic Court

App # 1150027420 Valuation 93818

SQ Feet 1444

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 _____