\* 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 - 500 274 3 1

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: Stroken Forbes S	
Cities Citation	Date: 1(0(1)
	NC Phone: 910494 - 1819
Directions to job site from Lillington: 200 w, (TIC) onto	Lasater Rd; 14 mi on LH
1.1.2.1.01.1	
Subdivision: Victory Borotist Church	Lot:
Description of Proposed Work. NW SFD	# of Bedrooms:
Heated SF: 2867 Unheated SF: Finished Bonus Room?	<u>V0_</u> Crawl Space: Slab:
Alla Ita + Hans General Contractor Information	
Building Contractor's Company Name	919 868 9573 Telephone
4508 Gosschaven LN, Holly Sonnes, NC	allerhon thomas @
Address	Email Address
56180	earthunk.no
License #	_
Description of Work New Service Size:	<u>1</u> 200 Amps T-Pole: <u>X</u> YesNo
GSK Electric	919524-6092
Electrical Contractor's Company Name	Telephone
7766 Panther Lake Rd, Willow Snips	
Address NZ NZ 1	Email Address
License #  Mechanical/HVAC Contractor Inform	ation
Description of Work New	
Normanis Heating & Cooling Inc.	919. 410 -1846
Mechanical Contractor's Company Name	Telephone
1135 Bridlemine Dr. Fuguay Varina, NC	_
Address	Email Address
29498	
License #  Plumbing Contractor Information	n
Description of Work	# Baths Z
Strucht flue & Plumbane Inc	919 - 422 -8049
Plumbing Contractor's Company Name	Telephone
978 Mitchell Rd Lillington Ni	_
Address	Email Address
23455	
License #  Insulation Contractor Informatio	
Allied Spray Foams - 532 Baygall Holly	919 971-5559
Insulation Contractor's Company Name & Address	Telephone
Springs	

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
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 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
Attinavit for worker's Compensation N C G S X/-14
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Contractor or Owner
The undersigned applicant being the:
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
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:
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
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
The undersigned applicant being the:  General Contractor  Owner  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.
The undersigned applicant being the:  General Contractor  Owner  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

Plan Box #	Job Name Allen Hay		
App#_11.5002743	Valuation <u># 1857.24</u>	SQ Feet <u>3857</u>	
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 <u>ne</u> W	Other	
Additions / Other			
Footing			
Foundation			
Foundation Slab			
Foundation Slab Mono			
Foundation Slab			
Foundation Slab Mono Open Floor			
Foundation Slab Mono Open Floor Rough In			
Foundation Slab Mono Open Floor			

SEP 12 FNTD

		DATE
$\mathcal{T}$	Date	<u> </u>
Plan Box #	_ Job Name <u> + /</u> /	en ticyt
App # 11 5002743	S   Valuation <u># 185,624</u>	SQ Feet <u>3857</u>
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 <u>ne</u> W	Other
<u>Additions / Other</u>		
Footing		
Foundation		
Slab		
Mono		
Open Floor		
Rough In		
Insulation		
Fınal		