

* 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 27544

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: Stephenson Builders Inc. Date: 9-29-11
Site Address: 104 Exie Place Lillington NC 27546 Phone: 919 730 7802
Directions to job site from Lillington: 27 toward Sanford
Left onto old 421
Left on McDougald Rd. Right onto Exie Place.
Subdivision: McDougald Place. Lot: 5
Description of Proposed Work: New SGL Family # of Bedrooms: 3
Heated SF: 1261 Unheated SF: _____ Finished Bonus Room? NO Crawl Space: Slab: _____

General Contractor Information

Stephenson Builders Inc. 919-730-7802
Building Contractor's Company Name Telephone
1187 N Raleigh St. Angier NC 27501
Address Email Address
53604
License #

Electrical Contractor Information

Description of Work New Service Size: 200 Amps T-Pole: Yes No
Rex Dean Electrical 919-669-9781
Electrical Contractor's Company Name Telephone
8039 Kennebec Rd Willow Spring NC 27592
Address Email Address
05748-L
License #

Mechanical/HVAC Contractor Information

Description of Work SC's HVAC (new)
↓
919-369-2657
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Rd. Holly Spring 27540
Address Email Address
12655
License #

Plumbing Contractor Information

Description of Work New Camden Plumbing # Baths 2
↓ 919 669 4650
Plumbing Contractor's Company Name Telephone
7229 Oak Village Way Fuquay Varina NC 27526
Address Email Address
18903
License #

Insulation Contractor Information

Insulation Inc 772 9000
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 9-15-11

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: Stephenson Builders Inc

Sign w/Title: Playo J. V. President Date: 9-15-11

Date 9-28-11
Job Name Stephenson Builders

Plan Box # F-3

App # 1150027544

Valuation \$81929

SQ Feet 1261

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 _____