* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Application # 1150027745

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.hamett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: DR No Hon Joc.	- 10/2/
Site Address: 80 High men Dt. 5	Date: 10 (1) 1
	Phone: 919 4(a) -393 3
Directions to job site from Lillington:	from littington to they
24 tall fust lett onto Hillman	Grove Taght onto
april church La suscinsion	on lett
Subdivision CYDICS Privale	Lot: Q —
Description of Proposed Work: Single Family Kes	ice ned # of Bedrooms:
Heated SF 2508 Unheated SF. 515 Finished Bonus Room?	m no blose t
General Contractor Information	Crawl Space: Slab:
D. R. Howon & Im.	919 460 2937
Building Contractor's Company Name	Telephone
2000 aural Center Pkin Sunta 110	-major edihoutor.con
Address 11 p Morusville (UC) 200	Email Address
HM SIDIT KI M	3582)
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Description of Work	<u>on</u>
Service Size	
Electrical Contractor's Company Name	919 363-7474
	Telephone
Address // April Doll De	Camponizzia e mindesun
New Duly	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	19850 L
Mechanical/HVAC Contractor Infor	License #
Description of Work New Construction	mation
Ym Plumbing	331 900 1005
Mechanical Contractor's Company Name	Telephone
615 Godin St. Kuneusulle Now 1	
Address	Email Address (my Limbing Cor
(b) are Mate	235 29
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Informati	on 2
Description of Work	# _{Baths} 2.5
Ym Plumbina	333-993-1925
Plumbing Contractor's Company Name	Telephone
les brain St Lemersulto IC	1 1
Address	Email Address ym Dlumbing. com
Dane Marti	23529
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Informati	on O.O.A.A.A.A.
Tation who show 31901d Dug Store B.	<u>919661-0999</u>
Insulation Contractor's Company Name & Address Councy K	Telephone
" 972°	96
*NOTE: General Contractor must fill out and sign the sec	ond page of this application
-9.1 1.10 000	P-go of tills 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)
Do you own the land on which this building will be constructed? YesNo
Have you hired or intend to hire an individual to superintend and manage construction of the project? YesNo
3. Do you intend to directly control & supervise construction activities?YesNo
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? YesNo
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 if <u>any</u> 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. 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.
Sign w/Title: Date: Date

Plan Box #	Job Name	DR Hertor
App #1150027745	Valuation <u>191,601</u>	SQ Feet <u>2949</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
nsulation	Insulation	Insulation
inal	Final	Final
>2500	>2500	>2500
oundation Survey	Envir. Health	Other
•		
Additions / Other	••••••	
Additions / Other	•••••••••••••••••••••••••••••••••••••••	••••••
Additions / Other Footing	••••••	•••••••••••••••••••••••••••••••••••••••
	•••••	••••••
ooting oundation	•••••	
ooting oundation ab		
ooting oundation lab lono		
ooting oundation lab lono pen Floor		
ooting		