Cypren Point # Plan Box # Job Name 28390 Valuation 7223827 **SQ Feet** 3445 **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 185 Other **Additions / Other** Footing__ Foundation Slab Mono_ Open Floor Rough In___ Insulation Final

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

Hamatt County Co	Application #_
Harnett County Central Permitting	_
PO Box 65 Lillington NC 27548	
140 000 3505	

910-893-7525 Fax 910-893-2793 www harnett.org/permits

Application for Residential Building and Trades Permit

	ITades Permit
Owner's Name D K No LOO LOC	Dete
Site Address 83+1 change &	Date 910 41.4 2023 7
Directions to job site from Littington take they 216	Phone 9194(a) 2937
24 tale full lett and Hillian	tone litington to they
dipuss shouth Rd Subdission	
Subdivision CYDICS Print	-
	Lot.
Description of Proposed Work Single Formily Resident	Of Me # of Bedrooms
Heated SF 3013 Unheated SF 503 Finished Bonus Room?	100 Croud Space
D. P. House Information	<u>u</u>
Building Contractor's Company Name	<u>919 460</u> 2437
2000 acrial Certer Pkus Surte 110	Telephone
Address 11 n Manusulle (DC 2) 40	Email Address'
HM 5 CAH KA AA	35837
Signature of Owner/Contractor/Officer(s) of Corporation	licence #
Description of Work Description of Work Description of Work Description of Work Description of Work	
-Imperal Electric	Amps T-PoleYesNo
Electrical Contractor's Company Name	919 363.7474
P.O BOX 163 PORV DC 27502	Telephone
Address 4 4	Email Address
May Sulms	19850 L Ca
Signature of Owner/Contractor/Officer(s) of Corporation	icones #
Mechanical/HVAC Contractor Inform Description of Work ANIII () () () () () () () () ()	nation
Mechanical Contractor's Company Name	<u> 336 - 9 93 - 1975</u>
615 Galio St 14 2000 110 12721	Telephone
Address CLARISTIP OC	amastre ymplinby a cor
Dane Mat	Ciriali Address () /
Signature of Owner/Contractor/Officer(s) of Corporation	_235 a9 License #
Piumbing Contractor Informatio	n 2 _
Description of Work	# Baths_ 2.5
AW Blaupico	333-993-1975
Plumbing Contractor's Company Name	Telephone
Address Address	4. 1 0
	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	23529
Insulation Contractor Informatio	License #
TOUR SHOULDAND SIYNE BULL STORE PORTER	919661-0989
Insulation Contractor's Company Name 9 Address 1	Telephone
Telephone	
*NOTE General Contractor must fill out and sign the second page of this application	
and and and any 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? 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? Yes 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? YesNo	
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 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.	
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	
them Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover	
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 DR Houton, che	
Sign w/Title	