Dien David A -	Date	DR M al =
Plan Box #/	Job Nar	me Ph Hoston
App # 125002	8391 Valuation 206	804 SQ Feet <u>31</u>
Inspections for SFD/SF	<b>A</b>	
Crawl	Slab	Mono
Footing	Footing	Plumbing Under
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
0/	a New tanh 1/	
Foundation Survey 100	2 New tanh 164 Envir. Health 164	Other
	•••••••	••••••
Additions / Other		
Footing		
Foundation		
Slab		

\* 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 for Residential Building and Trades Permit

Application for Residential Building and	Trades Permit
Owner's Name DR No Joo Joc	112/12
Site Address 48 Honey Brock it	Date 2 11711
Directions to job site from Lillington take Huy 216 -	Phone 9194(a) 2937
24 tall fut left onto Hillman	
appear thurch Ka Subatusian	un left
Subdivision CYDICS Print	Lot. 29
Description of Pronosed Work Single Facility Res	2
Heated SF 173 Unheated SF US 3 Finished Bonks Room?	ACO Comments
General Contractor Information	Crawl Space Slab
Building Contractor's Company Name	<u>919 460</u> 2737
2000 acrial Center Pkus Surte 110	Telephone
Address 11 p Morroule (NC 2) 20	-may edihoutor.com
HM JOH KI AN	Email Address 3583)
Signature of Owner/Contractor/Officer(s) of Corporation	Icence #
Description of Work	
INDO LIGHT PLANT	Amps T-PoleYesNo
Electrical Contractor s Company Name	919 363 - 7474 Telephone
1.0 Box 162 aprix DC 27502	Camponizzia e minderur
Address See See S	Linaii Address
Signature of Owner/Contractor/Officer(s) of Corporation	19850 L Ca
Mechanical/HVAC Contractor Inform	License #
Description of Work New Constalling	
Ym Plumbing	336-993-1975
Mechanical Contractor's Company Name	Telephone
Address Address	drawing unstanting co
Dans M. +	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	235 29 License #
Piumbing Contractor Informatio	n 2
Description of Work New Coastwot o	#Baths 25
Plumbing Contractor's Company Name	333-993-1925
Lats 640 to St. A control of the state of th	Telephone
Address	Email Address ymplumbing com
Dane Martin	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	icence #
John Joy John 50 Ald D. Alexander Information	
Insulation Contractor's Company Name & Address	919661-0999
bany K	Telephone
*NOTE General Contractor must fill out and sign the second	

	Homeowners Ameliate A. D. II and		
	Homeowners Applying to Build Their Own Please answer the following questions then see a Permit Technician to determine if you qualify for p Questionnaire per G S 87-14 Regulations as to Issue of Building Permits (Mem	Home permit under Owners Exemption no 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	
ļ	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?		
-	The second secon	Yes No	
	5 Do you intend to personally occupy the building for at least 12 consect months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulent secured the permit?	if ntly	
	· -	Yes No	
1	I hereby certify that I have the authority to make necessary application that the and that the construction will conform to the regulations in the Building, Ele Mechanical codes and the Harnett County Zoning Ordinance. I state the info contractors is correct as known to me and if any changes occur including listed number of bedrooms, building and trade plans, Environmental Health permit changes. I certify it is my responsibility to notify the Harnett County Central Per any and all changes.  EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00 As as per current fee schedule.  Signature of Owner/Contractor/Office (s) of Corporation.	ectrical, Plumbing and promation on the above contractors, site plan, anges or proposed use mitting Department of After 2 years re-issue fee	
-	Affidavit for Worker's Compensation N C G S The undersigned applicant being the	87-14	
-	General Contractor Owner Officer/Agent of the Cor	ntractor or Owner	
S	Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate forth in the permit	ation(s) performing the work	
-	Has three (3) or more employees and has obtained workers' compensation	n insurance to cover them	
tt	Has one (1) or more subcontractors(s) and has obtained workers' compens	sation insurance to cover	
ā	Has one (1) or more subcontractors(s) who has their own policy of workers overing themselves	compensation insurance	
-	Has no more than two (2) employees and no subcontractors		
to	While working on the project for which this permit is sought it is understood that the permit is suing the permit may require certificates of coverage of workers cort issuance of the permit and at any time during the permitted work from any personarrying out the work	e Central Permitting mpensation insurance prior on firm or corporation	
C	ompany or Name DR Houton, che		
Si	gn w/Title Plint	Date /2/13/12	