Plan Box #	Job Name DR Horton		
App #1250028401	Valuation 226880	SQ Feet 3 492	
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			

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

Application # 1250028401

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: D. R. No. Jon. Joc.	- 2/12/12
Site Address: 95 Olde Cypress Pt :	Date: 2/17/
	Phone: 919 4(a) -2937
24 tall fist lett onto Hillman	from lillington to they
dipuse thurch Rd. Subdivision	
Subdivision CYDIUS Privale	_
Bearing to the State of the Sta	Lot: 10 -
Heated of 2098 Heated of 17/1	# of Bedrooms:
Finished Bonks Room?	(1)O. Crowl Cooper
D. P. Howard - Inc	
Building Contractor's Company Name	9/9 460 2437 Telephone
2000 acras Center Pkus Surte 110	-may edihorton.con
Address 1 11 p. Morrisville (UC) 200	Email Address
HM Scott Kano	_3583)
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information	License #
Description of Work Service Size:	<u>m</u> Amps T-Pole: <u></u> ✓YesNo
-imperial fleetair	919 363 -7474
Electrical Contractor's Company Name	Telephone
7,0.80x163 (per nc 27502	Can pomissie e mindesun
Men Duling	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	19850 L Can
Mechanical/HVAC Contractor Inform	License #
Description of Work New Construction	
Ym Plumbing	336 - 9 93 - 1975
Mechanical Contractor's Company Name	Telephone
Address Address	Email Address ymplinding con
Dans Md +	Linaii Address () /
Signature of Owner/Contractor/Officer(s) of Corporation	235 29 License #
Plumbing Contractor Information	n 2 _
Description of Work	_# Baths_ 2 .5
ym Plumbino	333-993-1925
Plumbing Contractor's Company Name	Telephone
Address Lenersulle LC	Email Address ym Dlumbing. Com
Dans Mat	
Signature of Owner/Contractor/Officer(s) of Corporation	23.529 License #
Insulation Contractor Information	1 001
notion should show 31401d Duy Store B.	<u>919661-0999</u>
nsulation Contractor's Company Name & Address County, M	Telephone
" 375)	9
*NOTE: General Contractor must fill out and sign the second	od nage of this and light

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? 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 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			
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 wo set forth in the permit:	rk		
Has three (3) or more employees and has obtained workers' compensation insurance to cover them	١.		
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.	or		
Company or Name: D. P. Howon, elne.			
Sign w/Title: Date: 7/17/17			