09/09/11

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 #

## Application for Residential Building and Trades Permit

Owners Name Kevin + Jennifer Thomas	Date
Site Address 47 Turkey PAth Broadway NC 2750	Phone (919) 842-7224
Directions to job site from Lillington US 421 N Fowards Broad	
Holly Springs Ch Rd - Turn left onto Hollie	s Pines Rd- Go to Dend
End - 47 Turkey Path on left	
Subdivision	Lot
Description of Proposed Work 2 story brick house - 3 bay 9	4199c # of Bedrooms 3
Heated SF 3594 Unheated SF 4583 Finished Bonus Room?	
General Contractor Information	<u>n</u>
Building Contractor's Company Name	Telephone
Building Contractor's Company Name	· Giophielle
Address	Email Address
denor	
License # Electrical Contractor Information	on .
Description of Work Service Size	Amps T-PoleYesNo
	Talanhana
Electrical Contractor's Company Name	Telephone
Address	Email Address
Ola Ne	
License #	mation
Mechanical/HVAC Contractor Information	mation
Description of Work	
Mechanical Contractor s Company Name	Telephone
Nigorial Italian Contractor of Company	
Address	Email Address
Durch	
License # Plumbing Contractor Informati	on
Description of Work	# Baths
Description of Work	
Plumbing Contractor's Company Name	Telephone
Address	Email Address
Licènse # <u>Insulation Contractor Informat</u>	<u>ion</u>
191 1105	
Insulation Contractor's Company Name & Address	Telephone

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 by signing below I have obtained all subcontractors 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 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

Hi N Thomas Sign w/Title

## STATE OF NORTH CAROLINA

## OWNER EXEMPTION AFFIDAVIT PURSUANT TO G.S. 87-14(a)(1)

Harnet	t Inspections Department	
	d Parcel Identification of Real Property Where Bury Path Brondway NC 27505	
1.	Keuin NAMIE Tr	nom A3
	(Print Full I	Name)  (a) (2) by initialing the relevant provision in paragraph 1
1.	constructed or altered;	perty set forth above on which this building is to be
	OR	of the firm or corporation which is constructing or
	altering this building on the property owned by firm or corporation:	the firm or corporation as set forth above (name of
2.	the building and that duty will not be delegated Article 1 of Chapter 87 of the General Statutes	inage all aspects of the construction or alternation of d to any person not duly licensed under the terms of of North Carolina;
3.	<u>put</u> I will be personally present for all in Code, unless the plans for the construction or a architect licensed pursuant to Chapter 83A of t	spections required by the North Carolina State Building Alteration of the building were drawn and sealed by an he General Statutes of North Carolina;
4.	Licensing Board for General Contractors for verexemption under G.S. 87-1(b)(2) for the building understand that, if the North Carolina Licensing	rification that I am validly entitled to claim an ag construction or alteration specified herein. I further g Board for General Contractors determines that I was ag permit issued for the building construction or
	this I Thomas	4-5-12
*******	(Signature of Affiant)	Date
Sig	vorn to (or affirmed) and Subscribed before me is the 5 day of April 2012 and Subscribed before me is the 5 day of April 2	
M	v Commission Expires: 9-30-2013	(Notary Stamp or Seal)

(NOTE: It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law—G.S. 14-209)

Plan Box # B - 4	Date	7-12 in Thomas
App # 12 500 28501	Valuation 408535	SQ Feet 828
Inspections for SFD/SFA	208837	7473
Crawl	Slab 3880	Mono
Footing	Footing	Plumbing Under Slab
Foundation Address	Foundation Address	Ele. Under Slab Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final
>2500	>2500	>2500
Foundation Survey Vo	Envir. Health Ext	Other
1/2		
1/2		
Foundation Survey <u>Vo</u>	Envir. Health Ext	
Foundation Survey  Additions / Other  Footing		
Foundation Survey <u>Vo</u>	Envir. Health Ext	
Foundation Survey  Additions / Other  Footing	Envir. Health Ext	
Foundation Survey  Additions / Other  Footing Foundation	Envir. Health Ext	
Foundation Survey Vo  Additions / Other  Footing Foundation Slab	Envir. Health <u>Ext</u> 3 23 948 = 84587	Other
Foundation Survey  Additions / Other  Footing Foundation Slab Mono	Envir. Health <u>Ext</u> 3 23 948 = 84587	Other
Foundation Survey  Additions / Other  Footing Foundation Slab Mono Open Floor	Envir. Health Ext	Other