

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

Application # _____
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 _____ Date 3-6-12
Site Address 479 HORNE LANE Phone 910-488-7886
Directions to job site from Lillington _____

Subdivision Douglas L Horne Lot 6
Description of Proposed Work Single Family/New Const #Bedrooms 3
Heated SF 1816 Unheated SF 960 Finished Rec Room? _____ Crawl Space Slab ()

General Contractor Information

Hornaday Homes, LLC 910-483-9715
Building Contractor's Company Name Telephone
581 Executive Pl, St 700, Fay, NC 28305 41487
Address License #

Must sign & fill out second page

Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work _____ Service Size _____ Amps TPole yes/no
Timothy Electric 910-303-2334
Electrical Contractor's Company Name Telephone
6126 Azelia Drive, Stedman, NC 28391 22985
Address License #

Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work _____
Cape Fear Htg & A/C 910-483-8790
Mechanical Contractor's Company Name Telephone
1139 Robeson St, Fay, NC 28304 07232
Address License #

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ # Baths _____
Larry Lee Plbg. Co 910-424-1766
Plumbing Contractor's Company Name Telephone
7051 Crest St, Fay, NC 28306 5274
Address License #

Signature of Officer(s) of Corporation

Insulation Permit Information

RDP Enterprises 910-424-3160
Insulation Contractor's Company Name & Address Telephone
PO Box 64985, Fay, NC 28306

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? 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]
Signature of Owner/Contractor/Officer(s) of Corporation

3/23/12
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

Company or Name Horwaday Homes, LLC

Sign w/Title Millie Mercene / Office Mgr Date 3-6-12

Crawl

63.8 X 36

3 Bln SFP

Date 3-23-12

Plan Box # C-3

Job Name Horaday Homes LLC

App # 1250028609

Valuation 162,949

SQ Feet 2508

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 No

Envir. Health Ext Tank

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____