* Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match Application # 1250028739

Hamett County Central Permitting PO Box 65 Lillington NC 27546 910-893-7525 Fax 910-893-2793 www hamett.org/permits

Application for Residential Building and Trades Permit

Owner's Name DR Houton Inc	Date 1. 10/12
Site Address 21 Havey 3mok ct:	Phone 919 4/11 -2027
Directions to job site from Lillington take Huy 216- 24 tall fult left und Hillingen Cypuss thuich Ed Subdins in	from litington to they
	in left
Subdivision CYDICS Private	Lot 24
Description of Pronosed Work Single Fortile Kes	NO 000 # = 5 Pad
Trinished Bonds Room?	On Crawl Space Clab
General Contractor Informatio	<u>n</u>
Building Contractor's Company Name	<u>919 460</u> 2437
2000 acrial Center Pkuy Sustello	Telephone
Address II p Morroule (NC 2) (20)	- may edihouter cor
-HMJ (AH KI) M	35837
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Description of Work Electrical Contractor Information	
Elmound Pleature	Amps T-PoleYesNo 919 363 - 7474_
Electrical Contractor's Company Name	Telephone
1,0 Box 162 Roex NC 27502	Camponizzia e minder
Address Sul S	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	19850 L Ca
Mechanical/HVAC Contractor Inform	License #
Description of Work New Constulting	
Ym Plumbing	336-993-1975
Mechanical Contractor's Company Name	Telephone
Address Address	Email Address ymplumbing co.
Dane Mat	Linaii Address (/ /
Signature of Owner/Contractor/Officer(s) of Corporation	_235 a9 License #
Plumbing Contractor Informatio	n 2
Description of Work bew coastwot or	_# Baths_ 2 S
Ym Plumbing	333-993-1925
Plumbing Contractor's Company Name	Telephone
Address Lenersule LC	Email Address ymplumbing con
Dane Mate	
Signature of Owner/Contractor/Officer(s) of Corporation	23529 License #
Insulation Contractor Informatio	<u>n</u> 0,0 4
Insulation Contractors Common New Colors Burg Store B.	<u>919661-0999</u>
Insulation Contractor's Company Name & Address Country K	Telephone
かたり	9
*NOTE General Contractor must fill out and sign the seco	nd 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?YesNo		
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?YesNo		
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 <u>any</u> 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 7 1017		
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 one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves		
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		
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		
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		

Cyprost 1	Pointe # 2	4
/		11 17
Plan Box #A	Date	R Harton
App # 1250 2873	Valuation <u>227,271</u>	SQ Feet <u>3498</u>
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 New Tonk	Other
Additions / Other	•••••••••	••••••
Footing	•	
Foundation		
Slab		
 Mono		
Open Floor		
Rough In		
nsulation		
inal		