

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

Application # 1250028839

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: James White Date: 4-30-12

Site Address: 494 Asset Parkway Phone: _____

Directions to job site from Lillington: Hwy 27 out of Lillington go almost to Hwy 87 turn left on Asset, go app. 1/2 mile Job site on Right.

Subdivision: _____ Lot: _____

Description of Proposed Work: new single family # of Bedrooms: 3

Heated SF: 2035 Unheated SF: _____ Finished Bonus Room? Yes Crawl Space: Slab: _____

General Contractor Information

Chuck Smith Construction

Building Contractor's Company Name

129 W. STEELE ST. Sanford, NC 27330

Address

65317

License #

919-708-3351

Telephone

Email Address

Electrical Contractor Information

Description of Work new House Service Size: 200 Amps T-Pole: Yes No

Ponderosa Ele. LLC

Electrical Contractor's Company Name

421 Brown Rd Lillington, NC

Address

21207 L

License #

Telephone

Email Address

Mechanical/HVAC Contractor Information

Description of Work _____

Affordable Heating & Air

Mechanical Contractor's Company Name

7629 Sherri F Watson Rd. Sanford NC

Address

20046

License #

919-710-3260

Telephone

Email Address

Plumbing Contractor Information

Description of Work _____ # Baths 2

Reliable Plumbing Sammy Thomas

Plumbing Contractor's Company Name

1480 Zion church Rd Sanford

Address

7151

License #

919-499-7359

Telephone

Email Address

Insulation Contractor Information

Tri-city Insulation

Insulation Contractor's Company Name & Address

910-237-0457

Telephone See Smith

***NOTE: General Contractor must fill out and sign the second 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? ___ 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 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.

Charles D Smith Jr
Signature of Owner/Contractor/Officer(s) of Corporation

4-30-12
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: Chuck Smith Construction
Sign w/Title: Charles D Smith Jr owner Date: 4-30-12

Plan Box # Cl

Date 5-1-12

Job Name White

App # 1250028839

Valuation 176,203

SQ Feet 2712

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 _____

6/15/1918