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

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 Trad

and it	rades Permit
Owner's Name: DR No Loc .	- 6/20/2
Site Address: 188 Olde Cupy (SS Pt.	Date: 5 28.12
Directions to job site from Lillington:	Phone: 919 4(a) 5937
24 take first left onto Hillman	from lillington to they
dipress church Rd. Subdission	
Subdivision CYDICS Print	W (MT)
Description of D	Lot: 19
Description of Pronosed Work: Single Facily Kesi	# of Bedrooms:
Finished Bonks Room?)
D. P. Hay Too - Jos	
Building Contractor's Company Name	<u>919 460 : 2437</u>
2000 acrial Center Pkus Surte 110	Telephone
Address II n Morrille (NC 2) (1)	Email Address'
HM SIAH KANA	35857
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Description of Work Contractor Information Contractor Information	<u>n</u>
Elmperial Glastic	Amps T-Pole: Ves No
Electrical Contractor's Company Name	919 363 -7474
1.0.30x 162 apex NC 27502	Telephone
Address 4 4	Email Address
May Sintino	19850 L Ca
Signature of Owner/Contractor/Officer(s) of Corporation	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Description of Work NULLI COSTUDIOR	nation
Description of Work New Construction	
Mechanical Contractor's Company Name	<u> 336 - 993 - 1975</u>
615 Galin St. Kungas 110 15000	Telephone
Address	Emiliable ymplumbing co
- Dane Mate	Email Address ()
Signature of Owner/Contractor/Officer(s) of Corporation	235 29 License #
Plumbing Contractor Informatio	n 2
Description of Work New Coastwot o	_# Baths_ 2.5
Plumbing Control of Co	333-993-1975
Plumbing Contractor's Company Name	Telephone
Address Address	Email Address ymplumbing. com
Dans M. +	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	23529
Insulation Contractor Informatio	License #
100m whouldhon 3140ld Aug Shin RV	919661-0999
Insulation Contractor's Company Name & Address (Telephone
barry Karne & Address barry KL	0
*NOTE: General Contractor must fill out and sign the second) nd page of this
and and origin the seco	ra 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)				
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				
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: D. P. Houton, cinc.				
Sign w/Title: Date: Date: Date: 5/28	12			

Plan Box #		b Name OR Hurton	
App #12500293	Valuation 27	6880 SQ Feet 34°	72
Inspections for SFD/S	<u>FA</u>		
Crawl	Slab	Mono	
Footing Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough In Insulation Final	Plumbing Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final	ab
>2500	>2500	>2500	
Foundation Survey	Envir. Health	Other	<u>-1</u>
			•••
Additions / Other			
Footing			
Foundation			
Slab			
Mono			
Open Floor			
Rough In			
Insulation			
Final			