

09/09/11

Application #

44222

Harnett County Central Permitting

PO Box 65 Lillington NC 27546

910 893 7525 Fax 910 893 2793 www.harnett.org/permits

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

**Application for Residential Building and Trades Permit**

Owner's Name David Smith Date \_\_\_\_\_

Site Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to job site from Lillington \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

Owner

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole \_\_\_\_\_ Yes \_\_\_\_\_ No

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

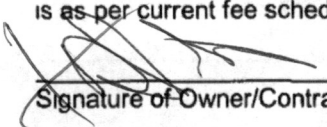
**Insulation Contractor Information**

Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

\*NOTE General Contractor must fill out and sign the second page of this application

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

  
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

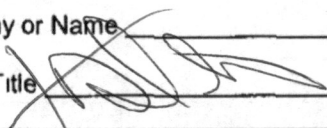
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 \_\_\_\_\_

Sign w/Title 

Date 

7-11-18

STATE OF NORTH CAROLINA

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

COUNTY OF Harnett

Harnett Inspections Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

3892 McLean Chapel Church Rd

David Smith

(Print Full Name)

hereby claim an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-4 below and attesting to the following:

1.  I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;

OR

I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation: \_\_\_\_\_);

2.  I will personally superintend and manage all aspects of the construction or alternation of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina;

3.  I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;

4.  I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

[Signature]  
(Signature of Affiant)

7-11-18  
Date

Sworn to (or affirmed) and Subscribed before me this the 11<sup>th</sup> day of July, 2018

Lindsay B. Lucas

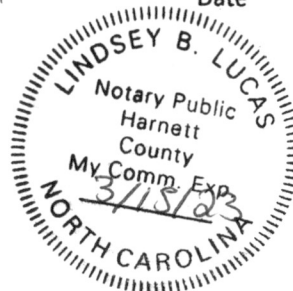
Signature of Notary Public

Lindsay B. Lucas

Printed Name of Notary Public

My Commission Expires: 3/15/23

(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)

Page 2  
Date 7/11/18

Application Number . . . . . 18-50044222  
Property Address . . . . . 3892 MCLEAN CHAPEL CHURCH RD  
PARCEL NUMBER . . . . . 12-0546- - -0060- -17-  
Application description . . . CP NEW RESIDENTIAL (SFD)  
Subdivision Name . . . . .  
Property Zoning . . . . . PENDING

Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . . .  
Phone Access Code . . . 1250976

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
20	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
30-999	105	B105	R*OPEN FLOOR	_____	___/___/___
40-50	129	I129	R*INSULATION INSPECTION	_____	___/___/___
40-60	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
40-60	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
40-60	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
40-60	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
50-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
50-60	131	R131	ONE TRADE FINAL	_____	___/___/___
50-60	329	R329	THREE TRADE FINAL	_____	___/___/___
50-60	229	R229	TWO TRADE FINAL	_____	___/___/___
50-60	209	E209	R*ELEC TEMP POWER CERT	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___



HARNETT COUNTY CENTRAL PERMITTING  
P.O. BOX 65  
LILLINGTON, NC 27546  
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

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Application Number . . . . . 18-50044222 Date 7/11/18  
Property Address . . . . . 3892 MCLEAN CHAPEL CHURCH RD  
PARCEL NUMBER . . . . . 12-0546- - -0060- -17-  
Application type description CP NEW RESIDENTIAL (SFD)  
Subdivision Name . . . . .  
Property Zoning . . . . . PENDING

Owner Contractor  
-----  
SMITH DAVID A & ANGELA S OWNER  
13281 LABARON DR  
WILLOW SPRINGS NC 27592

Applicant  
-----  
SMITH DAVID  
PO BOX 253  
BUNNLEVEL NC 28323  
(919) 291-8936

--- Structure Information 000 000 60X26 3BDR 2BTH W/GAR W/DECK CRWL  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BATHS 2  
# BEDROOMS 3.00  
PROPOSED USE SFD  
SEPTIC - EXISTING? NEW SEPTIC  
WATER SUPPLY COUNTY

-----  
Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1250976  
Issue Date . . . . . 7/11/18 Valuation . . . . . 0  
Expiration Date . . . . . 7/11/19

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Special Notes and Comments  
T/S: 06/11/2018 08:50 AM LLUCAS ----  
401 TO 210 - 210 TO TEMPLE RD - TEMPLE  
RD TO LEFT ON MCLEAN CHAPEL CHURCH RD -  
ON LEFT ABOUT 1/4 MILE  
XX  
PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB  
INSULATION AND LAND USE.  
XX  
Work must conform and comply with the  
STATE BUILDING CODE and all other State  
and local laws, ordinances & regulations

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\_\_\_\_\_  
\_\_\_\_\_

## HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: LLUCAS            Type: CP    Drawer: 1  
Date: 7/11/18 53      Receipt no: 14821

Year	Number	Amount
2018	50044222	
3892 MCLEAN CHAPEL CHURCH RD		
BUNNLEVEL, NC 28323		
B1	BP - PERMIT FEES	\$855.00

S&amp;S SPECIALIST

Tender detail		
CK CHECK PAYMEN	2091	\$855.00
Total tendered		\$855.00
Total payment		\$855.00

Trans date: 7/11/18      Time: 13:43:29

\*\* THANK YOU FOR YOUR PAYMENT \*\*

## HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: LLUCAS                    Type: CP    Drawer: 1  
 Date: 7/11/18 53            Receipt no: 14823

Customer	Location Name	Amount
U0 227657	93587 SMITH, DAVID & ANGEL UT-WATER TAP FEES	\$800.00
U9 227657	93587 SMITH, DAVID & ANGEL UT-WATER CAPACITY FEES	\$2000.00
UD 227657 WA	93587 SMITH, DAVID & ANGEL UTILITY DEPOSIT	\$25.00

Tender detail		
CK CHECK PAYMEN	2091	\$2825.00
Total tendered		\$2825.00
Total payment		\$2825.00

Trans date: 7/11/18            Time: 13:44:51

\*\* THANK YOU FOR YOUR PAYMENT \*\*