

\* 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 # 0850020146

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: Timothy Mallett Date: 23MAY08  
Site Address: 50 Sweet Bayberry Ct. Phone: 919 499 5678  
Directions to job site from Lillington: \_\_\_\_\_

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

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

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Rec Room? \_\_\_\_\_ Crawl Space ( ) Slab ( )

**General Contractor Information**

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

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

T Mallett  
Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_ Must sign & fill out second page

**Electrical Permit Information**

~~Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps TPole: yes/no~~

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

~~Address \_\_\_\_\_ License # \_\_\_\_\_~~

~~Signature of Officer(s) of Corporation \_\_\_\_\_~~

**Mechanical/HVAC Permit Information**

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

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

~~Address \_\_\_\_\_ License # \_\_\_\_\_~~

~~Signature of Officer(s) of Corporation \_\_\_\_\_~~

**Plumbing Permit Information**

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

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

~~Address \_\_\_\_\_ License # \_\_\_\_\_~~

~~Signature of Officer(s) of Corporation \_\_\_\_\_~~

**Insulation Permit Information**

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

**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.

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

23 MAY 08  
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: [Signature]

Date: 23 MAY 08

Plan Box Number FILE

Job Name MALLEY

Date: 5-28-08

Required Inspections for SFA/SFD

Appl. # 0850020146  
Valuation 9,096  
Sq. Feet 140

Sequence

10	<u>          </u>	R* Bldg. Footing
10-30	<u>          </u>	R* Elec. Temp Service Pole
20	<u>          </u>	R* Building Foundation
20	<u>          </u>	Address Confirmation
30-999	<u>          </u>	Open Floor
30-999	<u>          </u>	R* Bldg. Slab Insp.
30-999	<u>          </u>	R* Elec. Under Slab
30-999	<u>          </u>	R*Plumb. Under Slab
40	<u>          </u>	Four Trade Rough In
40	<u>          </u>	Four Trade Rough In > 2500
40	<u>          </u>	Three Trade Rough In
40	<u>          </u>	Three Trade Rough In > 2500
40	<u>          </u>	Two Trade Rough In + ELEC ? ?
40	<u>          </u>	Two Trade Rough In > 2500
40	<u>          </u>	One Trade Rough In
40	<u>          </u>	One Trade Rough In > 2500
50	<u>          </u>	R* Insulation
60	<u>          </u>	Four Trade Final
60	<u>          </u>	Four Trade Final > 2500
60	<u>          </u>	Three Trade Final
60	<u>          </u>	Three Trade Final > 2500
60	<u>          </u>	Two Trade Final + ELEC ?
60	<u>          </u>	Two Trade Final > 2500
60	<u>          </u>	One Trade Final
60	<u>          </u>	One Trade Final > 2500
999	<u>          </u>	Envir. Operations Permit