

* 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 # 0950022062
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: TODD WHITTENTON Date: 05-18-09

Site Address: 9103 NEIGHBORS RD DUNN Phone: _____

Directions to job site from Lillington: HWY 27 EAST OUT OF COATS
TURN (R) ON HODGES CHAPEL CH. (R) NEIGHBORS RD
3 MILES ON (R)

Subdivision: _____ Lot: _____

Description of Proposed Work: _____ #Bedrooms: _____

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

General Contractor Information

As Owner
Building Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Todd Whittenton
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

As Owner
Electrical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Todd Whittenton
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.

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

05-18-09
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: 05-18-09

BARN + SHELTER

PLAN BOX NUMBER FILE

JOB NAME WHITTENDON BLDG.

DATE 5-18-09

REQUIRED INSPECTIONS FOR SFA/SFD

APPL. # 0950022062

VALUATION 28,177

SQ. FEET ~~28,177~~

864 BARN
432 SHELTER

SEQUENCE

- 10
- 10-30
- 20
- 20
- 30-999
- 30-999
- 30-999
- 30-999
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 999

- R* BLDG. FOOTING
- R* ELEC. TEMP SERVICE POLE
- R* BUILDING FOUNDATION
- ADDRESS CONFIRMATION
- OPEN FLOOR
- R* BLDG. SLAB INSP.
- R* ELEC. UNDER SLAB
- R* PLUMB. UNDER SLAB
- FOUR TRADE ROUGH IN
- FOUR TRADE ROUGH IN > 2500
- THREE TRADE ROUGH IN
- THREE TRADE ROUGH IN > 2500
- TWO TRADE ROUGH IN
- TWO TRADE ROUGH IN > 2500
- ONE TRADE ROUGH
- ONE TRADE ROUGH IN > 2500
- R* INSULATION
- FOUR TRADE FINAL
- FOUR TRADE FINAL > 2500
- THREE TRADE FINAL
- THREE TRADE TINAL > 2500
- TWO TRADE FINAL
- TWO TRADE FINAL > 2500
- ONE TRADE FINAL
- ONE TRADE FINAL > 2500
- ENVIRO. OPERATIONS PERMIT