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

Application # 09 500 22699

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

	Application for Residential Building and Trades Permit
	Owner's Name: Shelby R. Smithey Date:
	Site Address: No Address - End Daniel's Creek Rel Phone: 919 - 362 7090
	Directions to job site from Lillington: 421 N to Sanford . Right on S. main St.
Ri	ght on E. Harrington ave, Right on Buckhorn Rd. Righton Daniels
	reek Rd. Property at metal gate at end of road.
	Subdivision: _N/A Lot:
	Description of Proposed Work: Barn / Show #Bedrooms: N/A
	Heated SF Unheated SF 1200 Finished Rec Room? 11/A Crawl Space M Slab ()
	General Contractor Information
	Building Contractor's Company Name 919 - 362 - 70 5 C Telephone
	8720 Humie Olive Rd Apex NC 27502 MA
	Address \(\frac{\lambda}{\lambda}\) \(\frac{\lambda}{\lambda}\lambda\) \(\frac{\lambda}{\lambda}\lambda\) \(\frac{\lambda}{\lambda}\lambda\) \
	Must sign & fill out second page
	Signature of Owner/Contractor/Officerton of Condention
	Description of Work 2004 SERVICE WILL Service Size: ZOO Amps TPole: yes/no
	STATE FLECTOICS HEATING GO INC 336-622-3130
	Electrical Contractor's Company Name Telephone
	10010 OLD LIBERTY RD LIBERTY NC 27298 4235-U
	Address / License #
/	Simple de la
(Signature of Officer(s) of Corporation <u>Mechanical/HVAC Permit Information</u>
	Description of Work
	Mechanical Contractor's Company Name Telephone
	Address License #
	Circumstance of Officer(s) of Occupanting
	Signature of Officer(s) of Corporation Plumbing Permit Information
	Description of Work New Markers # Baths
	Liles Plumbin HI Early 919-742-3312
	Description of Work Lites Markers #Baths
	Popor 585 S-7e-c-K, NC 7593 Address License #
	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? X yes no			
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?			
3. Do you intend to directly control & supervise construction activities? 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?			
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 9-14-09 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: Shelby R Sm. they Sign w/Title: Sully R Sm/th 1 rune Date: 9-14-09			
Sign w/Title: Sully Rowth (rune Date: 9-14-C)			

Plan Box Number File

Job Name Shelly Smithey

Date: <u>G-17-09</u>

Required Inspections for SFA/SFD

Appl. # <u>09-50022</u>(99 Valuation 48 007 Sq. Feet <u>1840</u>

Sequence

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