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

Application # 1150027971

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

Site Address Tasafer Rd Phone 919 12 7065 Directions to job site from Lillington On 15 m es 15 on ft Subdivision Description of Proposed Work Heated SF 3165 Unheated SF 1725 Finished Bonus Room? 165 Crawl Space Slab General Contractor Information Pull 15 binder Or Lillington W 27546 Building Contractor Scompany Name 12 binder Or Lillington W 27546 Address 62559 License # Electrical Contractor Information Service Size 201 Amps T Pole Yes No Rex Dan 12-drical Electrical Contractor Scompany Name 3031 Sennetec Nd. Wilder Springs Nd Address 5748 License # Mechanical/HVAC Contractor Information Description of Work Wuyng S Electric Mechanical Centractor's Company Name 10 binder Nd. 2750 Address 401459 Full Display Name 10 binder Nd. 2750 Full Display Name 10 bind	Owners Name Hugh Surles Builders	Date 12/28///
Directions to job site from Lillington O miles South & Lillington on 201; Ta so Left on Lesser of 20 is more south of Lillington on 201; Ta so Left on Lesser of 20 is more south of Lillington of Proposed Work # of Bedrooms # Heated SF 3165 Unheated SF 1725 Finished Bonus Room? * Craw Space Stab General Contractor Information File Contractor of Company Name 126 British Or Lillington Nr. 27546 # Address Contractor of Company Name 126 British Or Lillington Nr. 27546 # Address Contractor of Mork Service Size 201 Amps T Pole Yes No Rex Dan Librical Contractors Company Name 8039 Nennetic Nr. Willington Nr. Service Size 201 Amps T Pole Yes No Rex Dan Librical Contractors Company Name 8039 Nennetic Nr. Willington Nr. Address Email Address Email Address Email Address For Hall Contractor of Contract		Phone 919 420 7065
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	70 (1) 6 111 20 10	" 911) 481 885C
migulation contractors company realise a reception	Insulation Contractor's Company Name & Address	Telephone

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

Homeowners Applying to Build Their Own Please answer the following questions then see a Permit Technician to determine if you qualify for Questionnaire per G S 87 14 Regulations as to Issue of Building Permits (Mem	permit under Owne	rs Exemption on request)
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 consermonths following completion of construction and do you understand that you do not do so it creates the presumption under law that you fraudule secured the permit?	: If	No
I hereby certify that I have the authority to make necessary application that the and that the construction will conform to the regulations in the Building E Mechanical codes and the Harnett County Zoning Ordinance I state the inficontractors is correct as known to me and that I affirm that I have obtained all permission to obtain these permits and if any changes occur including liste number of bedrooms building and trade plans Environmental Health permit changes I certify it is my responsibility to notify the Harnett County Central Polyany and all changes EXPIRED PERMIT FEES 6 Months to 2 years permit re issue fee is \$150.00 is as per current/lest schedule	lectrical Plumb ormation on the listed contract d contractors s langes or propo- ermitting Depar	eng and e above tors tte plan sed use tment of
1/2 J	()	
Signature of Owner/Contractor/Officer(s) of Corporation Date		···
Affidavit for Worker's Compensation N C G S The undersigned applicant being the	S 87-14	
General Contractor Owner Officer/Agent of the C	Contractor or Ow	ner
Do hereby confirm under penalties of perjury that the person(s) firm(s) or corposet forth in the permit	oration(s) perfor	ming the work
Has three (3) or more employees and has obtained workers compensat	ion insurance to	cover them
Has one (1) or more subcontractors(s) and has obtained workers competition	ensation insurar	nce to cover
Has one (1) or more subcontractors(s) who has their own policy of worker covering themselves	ers compensati	on insurance
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 Department issuing the permit may require certificates of coverage of workers to issuance of the permit and at any time during the permitted work from any percarrying out the work Company or Name	compensation i erson firm or co	nsurance prior rporation
1/1 1/14	Date	
Sign w/Title Mh A/V	Date	

Plan Box #	Date <u>/</u> Job Name	typh Surles
	Valuation 253875	SQ Feet 3908
Inspections for SFD/SFA		
Crawl	Slab	Mono
Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation 	Insulation
Final	Final	Final
>2500	>2500	>2500
Foundation Survey	Envir Health 109	Other

Additions / Other	•••••••••••	***************************************
Additions / Other Footing		••••••
Footing	••••••••••••	••••••
Footing Foundation		••••••
Footing Foundation Slab		••••••
Footing Foundation Slab Mono		
Footing Foundation Slab Mono Open Floor		
Footing Foundation Slab Mono		