

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number	13-50031148	Page	3
Property Address	1585 POPE RD	Date	6/06/13
PARCEL NUMBER	02-1516-12-14-0013- -03-		
Application description . . .	CP COMMERCIAL ADD & ALTER		
Subdivision Name			
Property Zoning	RES/AGRI DIST - RA-30		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type COMMERCIAL BUILDING PERMIT					
10	151	C151	C*BLDG FOOTING	_____	___/___/___
20	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30	179	C179	C*BLDG FINAL	_____	___/___/___
999	163	C163	C*BLDG FLOOR FRAMING	_____	___/___/___
999	155	C155	C*BLDG FOUNDATION	_____	___/___/___
999	153	C153	C*BLDG ROUGH IN	_____	___/___/___
999	159	C159	C*BLDG SLAB INSP	_____	___/___/___
999	157	C157	C*BLDG WATERPROOFING	_____	___/___/___
999	177	C177	C*HOOD SYSTEM	_____	___/___/___
999	185	I185	C*INSULATION INSPECTION	_____	___/___/___
999	175	C175	C*MOD MARRIAGE WALL	_____	___/___/___
999	173	C173	C*MODULAR INSPECTION	_____	___/___/___
999	161	C161	C*MONOLITH SLAB	_____	___/___/___
999	169	C169	C*OVERHEAD ELE, MECH, PLB	_____	___/___/___
999	165	C165	C*OVERHEAD FOR BUILDING	_____	___/___/___
999	171	C171	C*REBAR INSPECTION	_____	___/___/___
999	828	S828	C*SIGN INSPECTION	_____	___/___/___
999	167	C167	C*WALL INSPECTION	_____	___/___/___
999	822	H822	ENVIR. HLTH/SANITATION FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___
999	880	F880	FM*ABOVE CEILING	_____	___/___/___
999	878	F878	FM*AGST/UST PIPES	_____	___/___/___
999	852	F852	FM*DAYCARE INSPECTION	_____	___/___/___
999	854	F854	FM*FINAL INSPECTION	_____	___/___/___
999	850	F850	FM*FIRE ALARM	_____	___/___/___
999	884	F884	FM*FIRE MISC INSPECTION	_____	___/___/___
999	870	F870	FM*FIRE WORKS / EXPLOSIVES	_____	___/___/___
999	856	F856	FM*FIXED FIRE SUPPRESSION	_____	___/___/___
999	882	F882	FM*FOGGING OR FUMIGATION	_____	___/___/___
999	858	F858	FM*SPRINKLER CERT TEST	_____	___/___/___

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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	864	F864	FM*SPRINKLER-FLOW	_____	___/___/___
999	860	F860	FM*SPRINKLER-FLUSH	_____	___/___/___
999	862	F862	FM*SPRINKLER-HYDRO	_____	___/___/___
999	866	F866	FM*STANDPIPE	_____	___/___/___
999	872	F872	FM*TANKS-ABANDON IN PLACE	_____	___/___/___
999	874	F874	FM*TANKS-INSTALLATION	_____	___/___/___
999	876	F876	FM*TANKS-REMOVAL	_____	___/___/___
999	868	F868	FM*TENTS	_____	___/___/___
999	357	P357	C*PLUMB UNDER SLAB	_____	___/___/___
999		MISC	COMMERCIAL MISCELLANEOUS	_____	___/___/___

Permit type COMMERCIAL ELECTRICAL PERMIT

999	265	E265	C*ELEC FINAL	_____	___/___/___
999	257	E257	C*ELEC OVERHEAD	_____	___/___/___
999	263	E263	C*ELEC RECONNECT	_____	___/___/___
999	253	E253	C*ELEC TEMP POWER CERT	_____	___/___/___
999	261	E261	C*ELEC UND POOL	_____	___/___/___
999	259	E259	C*ELEC UNDER SLAB	_____	___/___/___
999	255	E255	C*ELECTRICAL UNDERGROUND	_____	___/___/___
999	251	E251	C*ELEC ROUGH IN	_____	___/___/___
999	267	E267	C*ELEC TEMP SERVICE POLE	_____	___/___/___

Permit type COMMERCIAL INSULATION PERMIT

999	185	I185	C*INSULATION INSPECTION	_____	___/___/___
999	129	I129	R*INSULATION INSPECTION	_____	___/___/___

Permit type LAND USE PERMIT

999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___

Permit type COMMERCIAL MECHANICAL PERMIT

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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	451	M451	C*GAS PIPING	_____	__/__/__
	Permit type COMMERCIAL MECHANICAL PERMIT				
999	455	M455	C*MECH CHILLER PIPING	_____	__/__/__
999	457	M457	C*MECH DUCT	_____	__/__/__
999	465	M465	C*MECH FINAL	_____	__/__/__
999	463	M463	C*MECH OVERHEAD	_____	__/__/__
999	459	M459	C*MECH ROUGH IN	_____	__/__/__
999	453	M453	C*MECHANICAL UNDERGROUND	_____	__/__/__
999	461	M461	C*REFRIGERATION INSPECTION	_____	__/__/__
	Permit type COMMERCIAL PLUMBING PERMIT				
999	361	P361	C*PLUMB FINAL	_____	__/__/__
999	359	P359	C*PLUMB OVERHEAD	_____	__/__/__
999	355	P355	C*PLUMB SEWER CONNECTION	_____	__/__/__
999	353	P353	C*PLUMB WATER CONNECTION	_____	__/__/__
999	351	P351	C*PLUMB ROUGH IN	_____	__/__/__
999	357	P357	C*PLUMB UNDER SLAB	_____	__/__/__
999	363	P363	C*PLUMB GREASE TRAP	_____	__/__/__

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Application type description CP COMMERCIAL ADD & ALTER
Subdivision Name
Property Zoning RES/AGRI DIST - RA-30

Owner	Contractor
-----	-----
WINTERS JAMES KENNETH & DEBORAH C RT 1 BOX 724E DUNN NC 28334 (910) 892-0195	OWNER

Applicant

WINTERS JAMES AND DEBORAH
1585 POPE RD
DUNN NC 28334
(910) 892-0195

--- Structure Information 000 000 KENNEL BOARDING
Flood Zone FLOOD ZONE X
Other struct info PROPOSED USE BOARDING
SEPTIC - EXISTING? NEW

Permit COMMERCIAL BUILDING PERMIT
Additional desc BUILD PET CARE FAC
Phone Access Code 985960
Issue Date 6/06/13 Valuation 19500
Expiration Date 6/06/14

Permit COMMERCIAL ELECTRICAL PERMIT
Additional desc WIRE EL
Phone Access Code 985978
Issue Date 6/06/13 Valuation 1000
Expiration Date 6/06/14

Permit COMMERCIAL INSULATION PERMIT
Additional desc
Phone Access Code 985986
Issue Date 6/06/13 Valuation 0
Expiration Date 6/06/14

Permit LAND USE PERMIT
Additional desc DOG BOARDING
Phone Access Code 985952

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Issue Date 6/06/13
Expiration Date 12/03/13
Page 2
Date 6/06/13
Valuation 0

Permit COMMERCIAL MECHANICAL PERMIT
Additional desc INSTALL 2TON HVAC
Phone Access Code 985994
Issue Date 6/06/13
Expiration Date 6/06/14
Valuation 4500

Permit COMMERCIAL PLUMBING PERMIT
Additional desc PLUM BUILD
Phone Access Code 986000
Issue Date 6/06/13
Expiration Date 6/06/14
Valuation 2200

Special Notes and Comments
T/S: 04/24/2013 12:18 PM DJOHNSON --
TAKE 421 E 16.2 MILES. TURN RIGHT ON
WARREN RD. GO 4/10 MILE TAKE LEFT ON
POPE RD 1.0MILES ON LEFT

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # 13-50031148

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Kenny & Deborah Winters Date: 6-5-13
Site Address: 1599 Pope Road Phone: 910-892-0195

Directions to job site from Lillington: 421 East to Warren Road
Turn Right, 1/2 mile turn left on Pope Road
1 mile on left

Subdivision: _____ Lot: _____

Description of Proposed Work: Building Pet Care Facility

Heated SF 840 Unheated SF 0

General Contractor Information: Building Cost \$ 19,500
Winters Builders Telephone 910-892-1717

Building Contractor's Company Name _____

Address Allen Cray Pass Drive Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation Jim Winters License # _____

Electrical Contractor Information: Electrical Cost \$ 1000.00

Description of Work wire electrical Service Size: 200 Amps #T-Poles _____

Electrical Contractor's Company Name Chris Sinclair Electric Telephone 910-892-0090

Address 400 Bryant Rd, Dunn, NC Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation Don Christopher Sinclair License # 27819

Mechanical Contractor Information: Mechanical Cost \$ 4500.00

Description of Work Install 2 ton HVAC system # Units _____

Mechanical Contractor's Company Name Allen Kelly & Company Inc Telephone 919 779 4197

Address 2201 Tryon Road Raleigh, NC 27603 Email Address bradley.h@allkelly.com

Signature of Owner/Contractor/Officer(s) of Corporation Bradley H License # 27049

Plumbing Contractor Information: Plumbing Cost \$ 2200

Description of Work plumb building # Baths 1

Plumbing Contractor's Company Name Jason Barefoot Telephone 910-514-0781

Address 5476 Timothy Rd, Dunn Email Address JasonBarefoot@yahoo.com

Signature of Owner/Contractor/Officer(s) of Corporation Jason Barefoot License # 20094 P-1

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

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

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Sprinkler Contractor Information

Sprinkler Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Driveway Access - NC Department of Transportation Driveway Access/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 charged at full price per current fee schedule.

Kerry Ward

6-6-13

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: *W.D. Bull* *Kerry Ward*

Sign w/Title: *J. K. ...* Date: *6-6-13*