

Application for Building and Trade Permit

Owner's Name: Tillman & Debra Thomas Date: 8-14-07
 Address: 559 Payton Rd Broadway NC Phone: _____
 Directions to job site: Take mt Disco church rd off 87 Turn left on
Herrington Rd - then left on Payton rd where end of Payton

Subdivision: _____ Lot: _____
 Construction Type: (Please Check) Building-Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other

Description of Proposed Work: Add 2 CAR Garage + extend Porch
 Total Project Cost: 29,650

Building Permit Information

Heated SF 86 Crawl Space () Building Construction Cost \$ 29,650
 Unheated SF 600 Slab () Acres Disturbed _____ Stories 1
919-774-6948

Building Contractor's Company Name RAY'S CONST Telephone _____
 Address 216 Hawkings Ave Sanford NC License # PAV
 Signature of Officer(s) of Corporation _____

Electrical Permit Information

Description of Work Move Panel + wire box Electrical Cost \$ 3,000
 TS Pole: Yes () No (X) Underground () Overhead ()
 Permanent Service: Underground () Overhead () Service Size: 200 Amps
770-3541

Electrical Contractor's Company Name M + T Elec Contractors Telephone 11906-11
 Address BROADWAY NC License # _____
 Signature of Officer(s) of Corporation Tommy Thomas

Mechanical Permit Information

Description of Work duct to powder room existing HVAC
 Number of Units 1 Type System _____ Mechanical Cost \$ _____

Mechanical Contractor's Company Name _____ Telephone _____
 Address _____ License # _____
 Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work Move Laundry Van Plumbing Cost \$ 2,000
 Number of Baths 1 919-353-2867

Plumbing Contractor's Company Name Richard South Telephone 26875
 Address Sanford NC License # _____
 Signature of Officer(s) of Corporation _____

Insulation Permit Information

Residential () Not Required ()
 Insulation Contractor's Company Name Ed PAV Address 216 Hawkings Ave Telephone 774-6948

Sprinkler System Information

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Telephone

Contact Person

Address


License #

Signature of Officer(s) of Corporation

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, 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 Division of any and all changes.



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

8-15-07

Date

**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ being the:

Ed Ray Contractor

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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

_____ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

_____ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

_____ Has/have not 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.

Firm Name: Ray's Construction

By/Title: Ed Ray Owner

Date: 8-15-07

Plan Box Number FILE

Job Name THOMAS

Date: 8-16-07

Required Inspections for SFA/SFD

Appl. # 0758018251

Valuation \$40,802

Sq. Feet 628

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20		Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor (BATH (HALF BATH))
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit