

09/09/11

Application #

15-50035624

Harnett County Central Permitting

PO Box 65 Lillington NC 27546

910 893 7525 Fax 910 893 2793 www.harnett.org/permits

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

Application for Residential Building and Trades Permit

Owner's Name: Walter Sargent, Date: [blank], Site Address: 211 Green Links Dr. Cameron, NC 28326, Phone: 910-364-8800, Directions: Hwy 29 to Ponderosa Rd. Rt on Ponderosa Rd to Carolina Seasons. Left on Ponderosa Trail. 1st right past pro shop. Next right on Green Links. House is on the left. Subdivision: Carolina Seasons, Lot: H-29, Description: Sunroom, # of Bedrooms: 0, Heated SF: 330, Unheated SF: [blank], Finished Bonus Room?: No, Crawl Space: [blank], Slab: X

General Contractor Information

Company Name: Custom Contracting Corporation, Telephone: 919-775-1497, Address: 1504 So. Horner Blvd. Sanford, NC 27330, Email: VANAROCE@AROCECOMPANIES.COM, License #: 8664

Electrical Contractor Information

Description of Work: Electric, Service Size: [blank] Amps, T-Pole: [blank] Yes/No, Company Name: Billings Electric, Telephone: 919-770-0143, Address: 736 John Rosser Rd, Sanford, NC 27332, Email: joshcfd569@hotmail.com, License #: 18798-H

Mechanical/HVAC Contractor Information

Description of Work: Heating and Air Conditioning, Company Name: Stephenson Htg and AC, Telephone: 919-329-0686, Address: 343 Shipwash Dr., Garner, NC 27529, Email: stephensonHVAC@aol.com, License #: 18644

Plumbing Contractor Information

Description of Work: NONE, # Baths: [blank], Company Name: [blank], Telephone: [blank], Address: [blank], Email Address: [blank], License #: [blank]

Insulation Contractor Information

Company Name & Address: Tatum Insulation, 519 Old Drug St. Rd., Garner, NC 27529, Telephone: 919-661-0999

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

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 that by signing below I have obtained all subcontractors permission to obtain these permits 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

Mark Spivey Pres  
Signature of Owner/Contractor/Officer(s) of Corporation

3/25/15  
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 Custom Contracting Corporation

Sign w/Title Mark Spivey

Date 3/25/15

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 . . . . .	15-50035624	Page	3
Property Address . . . . .	211 GREEN LINKS DR	Date	3/31/15
PARCEL NUMBER . . . . .	09-9567-01- -0006- -63-		
Application description . . .	CP ADD & ALTER RESIDENTIAL		
Subdivision Name . . . . .	CAROLINA SEASONS		
Property Zoning . . . . .	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type . . . . RESIDENTIAL BUILDING PERMIT					
999	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	___/___/___
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
999	229	R229	TWO TRADE FINAL	_____	___/___/___
999	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
Permit type . . . . RESIDENTIAL INSULATION PERMIT					
999	129	I129	R*INSULATION INSPECTION	_____	___/___/___
Permit type . . . . NOTIFICATION PERMIT					
999	800	H800	ENVIR. HLTH. CONFIRMATION	OT AP	3/24/15
999	804	F804	FIRE MARSHAL PLAN REVIEW	_____	___/___/___
999	806	P806	PLANNING REVIEW	_____	___/___/___
999	802	B802	BLDG PLAN REVIEW	_____	___/___/___
999	826	H826	ENVIR HLTH/SANI PLAN REVIEW	_____	___/___/___



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Application Number . . . . .	15-50035624	Page	2
Expiration Date . . . . .	9/27/15	Date	3/31/15

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Permit . . . . .	RESIDENTIAL MECHANICAL PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1079649		
Issue Date . . . . .	3/31/15	Valuation . . . . .	0
Expiration Date . . . . .	3/30/16		

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Permit . . . . .	NOTIFICATION PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1075431		
Issue Date . . . . .	3/05/15	Valuation . . . . .	0

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