Plan Box # Jill

Date 1.11.16

Job Name Gladd

App # 37609

Valuation 79872

Heated SQ Feet 832

Garage _____

= _____

Inspections for SFD/SFA

Crawl	Slab	Mono	Basement
Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey ____ Envir. Health WVHS Other _____

_____

Additions / Other

Footing ____

Foundation ____

Slab ____

Mono ____

Open Floor ____

Rough In ____

Insulation ____

Final ____

32 x 26 master bedroom addition

09/09/11 Application #

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 DAVID & ROBIN GLADD Date

Site Address 208 GRAY FOX LANE, SANFORD, NC 27332 Phone 256-499-0780 ~~919-888-0934~~ 919-888-0934

Directions to job site from Lillington ★ SEE ATTACHED

Subdivision Lot

Description of Proposed Work MASTER SUITE ADDITION # of Bedrooms 1

Heated SF 832 Unheated SF Finished Bonus Room? Crawl Space ✓ Slab

General Contractor Information

HOMEOWNER — 256-499-0780
Building Contractor s Company Name — Telephone

Address — dagjr60@gmail.com
Email Address

License #

Electrical Contractor Information

Description of Work Service Size Amps T-Pole ___Yes ___No

HOMEOWNER
Electrical Contractor s Company Name — Telephone

Address — Email Address

License #

Mechanical/HVAC Contractor Information

Description of Work

HOMEOWNER
Mechanical Contractor s Company Name — Telephone

Address — Email Address

License #

Plumbing Contractor Information

Description of Work # Baths

HOMEOWNER
Plumbing Contractor s Company Name — Telephone

Address — Email Address

License #

Insulation Contractor Information

Insulation Contractor s Company Name & Address — Telephone

***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

Signature of Owner/Contractor/Officer(s) of Corporation — Date 12/7/15

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 _____

Sign w/Title _____ Date _____

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 . . . . . 15-50037669 Date 1/12/16
Property Address . . . . . 208 GRAY FOX LN
PARCEL NUMBER . . . . . 03-9680- - -0008- - -
Application type description CP ADD & ALTER RESIDENTIAL
Subdivision Name . . . . . .
Property Zoning . . . . . PENDING

Owner

GLADD DAVID & ROBIN
208 GRAY FOX LANE
SANFORD NC 27332

Contractor

OWNER

Applicant

GLADD ROBIN AND DAVID
208 GRAY FOX LN
SANFORD NC 27332

--- Structure Information 000 000 32X36 MASTER BEDROOM ADDITION
Flood Zone . . . . . FLOOD ZONE X
Other struct info . . . . . # BEDROOMS .00
SEPTIC - EXISTING? EXIST
WATER SUPPLY COUNTY

Permit . . . . . RESIDENTIAL BUILDING PERMIT
Additional desc . .
Phone Access Code . 1123124
Issue Date . . . . 1/12/16 Valuation 0
Expiration Date . . 1/11/17

Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT
Additional desc . .
Phone Access Code . 1123132
Issue Date . . . . 1/12/16 Valuation 0
Expiration Date . . 1/11/17

Permit . . . . . RESIDENTIAL INSULATION PERMIT
Additional desc . .
Phone Access Code . 1123140
Issue Date . . . . 1/12/16 Valuation 0
Expiration Date . . 1/11/17

Permit . . . . . LAND USE PERMIT
Additional desc . .
Phone Access Code . 1123157

_____

_____

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 15-50037669
Issue Date . . . . 1/12/16 Valuation 0
Expiration Date . . 7/10/16

Permit . . . . . RESIDENTIAL MECHANICAL PERMIT
Additional desc . .
Phone Access Code . 1123165
Issue Date . . . . 1/12/16 Valuation 0
Expiration Date . . 1/11/17

Permit . . . . . RESIDENTIAL PLUMBING PERMIT
Additional desc . .
Phone Access Code . 1123173
Issue Date . . . . 1/12/16 Valuation 0
Expiration Date . . 1/11/17

Special Notes and Comments
T/S: 12/09/2015 11:29 AM DJOHNSON --
421 N THEN LEFT ONTO SWANNS STATION RD
CONTIMUE ONTO BROADWAY RD THEN RIGHT
ONTO GRAY FOX LN. HOME IS ON THE
RIGHT. RED BRICK ABOUT 1/4 MILE DOWN
THE RD

_____

_____

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.

Date 1/12/16

Application Number 15-50037669
Property Address . . . . . 208 GRAY FOX LN
PARCEL NUMBER . . . . . 03-9680- - -0008- - -
Application description . . . CP ADD & ALTER RESIDENTIAL
Subdivision Name . . . . . .
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	105	B105	R*OPEN FLOOR	_____	__/__/__
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	__/__/__
999	429	R429	FOUR TRADE FINAL	_____	__/__/__
999	425	R425	FOUR TRADE ROUGH IN	_____	__/__/__
999	131	R131	ONE TRADE FINAL	_____	__/__/__
999	125	R125	ONE TRADE ROUGH IN	_____	__/__/__
999	329	R329	THREE TRADE FINAL	_____	__/__/__
999	325	R325	THREE 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	_____	__/__/__