

Plan Box # Jul

Date 7.20.16

Job Name Imis Home

App # 39252

Valuation 1920

Improvement
~~Heated~~ SQ Feet 192

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 _____

Other _____

Additions / Other

Footing _____
Foundation _____
Slab _____
Mono _____
Open Floor _____
Rough In _____
Insulation _____
Final _____

*Screemed porch on
existing porch*

09/09/11

Screened person
Application #
10.5.39252
10.5.39253

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 EDWARDS Kelly Date 20 Jul 11
Site Address 775 Maple Road Phone 678-357-4309
Directions to job site from Lillington 401 EAST TO NC 55 GO NORTH THROUGH COATS TO MAPLE ROAD. HOUSE IS ON LEFT JUST BEFORE STOP SIGN
Subdivision _____ Lot _____
Description of Proposed Work _____ # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab

General Contractor Information

TOIN'S HOME IMPROVEMENTS INC 910 322-2115
Building Contractor's Company Name Telephone
622 FOXLAIR DRIVE FAYETTEVILLE NC 28311 TPOSTON@C.NC.RP.COM
Address Email Address
57393
License #

Electrical Contractor Information

Description of Work CEILING FAN Service Size _____ Amps T-Pole Yes _____ No _____
JONATHAN BEASLEY ELECTRICAL CONTRACTOR 910 303-8209
Electrical Contractor's Company Name Telephone
PO BOX 230 COATS NC 27521
Address Email Address
26239
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name Telephone _____
Address Email Address _____
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name Telephone _____
Address Email Address _____
License #

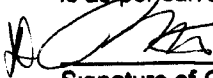
Insulation Contractor Information

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

25 Jul 16

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 _____

Sign w/Title 

Date 25 Jul 16

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	16-50039252	Date	7/25/16
Property Address	775 MAPLE RD		
PARCEL NUMBER	07-0690- - -0623- -02-		
Application type description	CP ADD & ALTER RESIDENTIAL		
Subdivision Name			
Property Zoning	RES/AGRI DIST - RA-30		

Owner	Contractor
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KELLY GENNY L & EDWARD F 25 BAILEY DR SW LILBURN GA 30047	OWNER
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Applicant

TOMS HOME IMPROVEMENT INC
622 FOXLAIR DR
FAYETTEVILLE NC 28311
(910) 322-2115

--- Structure Information 000 000	12X16 SCREENED PORCH ON EXISTING DECK		
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	1150267		
Issue Date	7/25/16	Valuation	0
Expiration Date	7/25/17		

Permit	RESIDENTIAL ELECTRICAL PERMIT		
Additional desc			
Phone Access Code	1150275		
Issue Date	7/25/16	Valuation	0
Expiration Date	7/25/17		

Permit	LAND USE PERMIT		
Additional desc			
Phone Access Code	1150283		
Issue Date	7/25/16	Valuation	0
Expiration Date	1/21/17		

Special Notes and Comments
T/S: 06/28/2016 11:15 AM LBENNETT --
401 EAST TO NC 55 - GO NORTH THROUGH

HARNETT COUNTY CENTRAL PERMITTING

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PARCEL NUMBER 07-0690- - -0623- -02-
Application description CP ADD & ALTER RESIDENTIAL
Subdivision Name
Property Zoning RES/AGRI DIST - RA-30

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type RESIDENTIAL BUILDING PERMIT					
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	229	R229	TWO TRADE FINAL	_____	___/___/___

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Date 7/25/16

Special Notes and Comments

COATS TO MAPLE RD- GO RIGHT TO END OF
MAPLE - HOUSE IS 2ND FROM LAST ON LEFT
SIDE BEFORE CARSON GREGORY

