

Plan Box # Full

Date 7.20.16

Job Name James Home

App # 39253

Valuation 6734

Heated SQ Feet 182 ?

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 \_\_\_\_\_

Breezeway (knd/cooled)

09/09/11

Application #

10.5.39252

Harnett County Central Permitting  
PO Box 85 Lillington NC 27546  
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

10.5.39253

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**

Tom's Home Improvements Inc 910 322-2115  
Building Contractor's Company Name Telephone  
622 FOXLAKE DRIVE FAYETTEVILLE NC 27311 TPOSTONZC@NC.RP.COM  
Address Email Address  
57393  
License #

**Electrical Contractor Information**

Description of Work wire addition 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  
26739  
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

*[Handwritten Signature]*  
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

*[Handwritten Signature]*  
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 . . . . . 16-50039253 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  
-----  
KELLY GENNY L & EDWARD F TOMS HOME IMPROVEMENT  
25 BAILEY DR SW 622 FOXLAIR DR  
LILBURN GA 30047 FAYETTEVILLE NC 28311  
(910) 822-5870

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

--- Structure Information 000 000 13X15 BREEZEWAY BETWEEN HOUSE AND GARAGE  
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 . 1150218  
Issue Date . . . . . 7/25/16 Valuation . . . . . 0  
Expiration Date . . 7/25/17

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Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT  
Additional desc . . . . .  
Phone Access Code . 1150226  
Issue Date . . . . . 7/25/16 Valuation . . . . . 0  
Expiration Date . . 7/25/17

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Permit . . . . . RESIDENTIAL INSULATION PERMIT  
Additional desc . . . . .  
Phone Access Code . 1150259  
Issue Date . . . . . 7/25/16 Valuation . . . . . 0  
Expiration Date . . 7/25/17

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Permit . . . . . LAND USE PERMIT  
Additional desc . . . . .  
Phone Access Code . 1150234  
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HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

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Application Number . . . . .	16-50039253	Page	2
Issue Date . . . . .	7/25/16	Date	7/25/16
Expiration Date . . . . .	1/21/17	Valuation . . . . .	0

Special Notes and Comments

T/S: 06/28/2016 11:15 AM LBENNETT --  
 401 EAST TO NC 55 - GO NORTH THROUGH  
 COATS TO MAPLE RD- GO RIGHT TO END OF  
 MAPLE - HOUSE IS 2ND FROM LAST ON LEFT  
 SIDE BEFORE CARSON GREGORY

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Application Number . . . . .	16-50039253	Page	3
Property Address . . . . .	775 MAPLE RD	Date	7/25/16
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	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	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	_____	/ /

09/09/11

Application #

10.5.39252

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10.5.39253

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Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab

**General Contractor Information**

Tom's Home Improvements Inc Telephone 910 322-2115  
Building Contractor's Company Name \_\_\_\_\_  
622 Foxlair Drive Fayetteville NC 27801 Email Address TPoston@nc.rr.com  
Address 57393  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work wire addition Service Size \_\_\_\_\_ Amps T-Pole  Yes  No  
JONATHAN BEASLEY ELECTRICAL CONTRACTOR Telephone 910 303-8209  
Electrical Contractor's Company Name \_\_\_\_\_  
PO Box 230 Coats NC 27521 Email Address \_\_\_\_\_  
Address 26739  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work INSTALL MINI SPLIT  
CAROLINA CUSTOM AIR Telephone 919 638 4164  
Mechanical Contractor's Company Name \_\_\_\_\_  
PO Box 2044 Email Address \_\_\_\_\_  
Address 30205  
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 same Telephone \_\_\_\_\_

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

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

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Bldg Insp scheduled before 2pm available next business day.

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Application Number . . . . .	16-50039253	Date	9/01/16
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

-----

KELLY GENNY L & EDWARD F  
 25 BAILEY DR SW  
 LILBURN GA 30047

Contractor

-----

TOMS HOME IMPROVEMENT  
 622 FOXLAIR DR  
 FAYETTEVILLE NC 28311  
 (910) 822-5870

Applicant

-----

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

--- Structure Information 000 000 13X15 BREEZEWAY BETWEEN HOUSE AND GARAGE

Flood Zone . . . . .	FLOOD ZONE X		
Other struct info . . . . .	# BEDROOMS		.00
	SEPTIC - EXISTING?	EXIST	
	WATER SUPPLY	COUNTY	

-----

Permit . . . . . RESIDENTIAL MECHANICAL PERMIT

Additional desc . . . . .

Phone Access Code . . . . . 1156884

Issue Date . . . . . 9/01/16

Expiration Date . . . . . 9/01/17

Valuation . . . . . 0

Special Notes and Comments

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 MAPLE - HOUSE IS 2ND FROM LAST ON LEFT  
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\_\_\_\_\_

\_\_\_\_\_



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Application Number . . . . . 16-50039253 Page 2  
Property Address . . . . . 775 MAPLE RD Date 9/01/16  
PARCEL NUMBER . . . . . 07-0690- - -0623- -02-  
Application description . . . CP ADD & ALTER RESIDENTIAL  
Subdivision Name . . . . .  
Property Zoning . . . . . RES/AGRI DIST - RA-30

Permit . . . . . RESIDENTIAL MECHANICAL PERMIT

Additional desc . . .  
Phone Access Code . 1156884

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	409	M409	R*GAS PIPING	_____	___/___/___
999	407	M407	R*MECH ABOVE CEILING	_____	___/___/___
999	405	M405	R*MECHANICAL UNDERGROUND	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___