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

Application # 07500 / 7 / 35

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

Telephone Number 910-893-7525 www.harnett.org

Application # 07500 / 7 / 35

07500 / 7 / 35

Application tor Building and Trade Permit
Owner's Name: Grany M. ! Potti S. ENNIS Date: 4-3-07
Address: 206 Stoney Brook Court Benson Phone: 919-894 1952
Directions to job site from Lillington: 421 left av 27 Through Costs GAILES
right on Fajirgrand 34 Mile on Right
Subdivision: N/A Lot:
Construction Type: (Please Check) Building Use: (Please Check)
New Moved House Residential Commercial Renovation Addition Other Modular Multi-Family
art to the same of
Total Project Cost: 4900 Description of Proposed Work: New Home General Contractor Information
Heated SF Crawl Space (*) Building Construction Cost \$ 450.000
Onneated SF Slab () Acres Disturbed Stories
Building Contractor's Company Name 914-144-1280 914-524 985Z Telephone
6187 NC 27 East Costs NC 50541
Address License #
A Court Folland
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp Electrical Permit Information
Description of Work Kough Fine Electrical Cost \$ 9005
TS Pole: Yes (*) No (*) Underground (*) Overhead (*) Permanent Service: Underground (*) Overhead (*) Service Size: 400 Amps
Johnton Beasley Gatricel 910-984 6051
Electrical Contractor's Company Name Telephone
191 Fred PACLEON LANE CORTS NC 26739 AUN
Address License #
Signature of Officer(s) of Corporation
Mechanical Permit Information
Number of Units, 3 Type System Hot Flora Mechanical Cost \$ 15700
J. M. Hesting : Air 910 - 897 - 5501
Mechanical Contractor's Company Name Telephone
124 Typington Rd Dayn Ne 17164
Address License #
Signature of Officer(s) of Corporation
Plumbing Permit Information
Number of Baths Plumbing Cost \$ /2000
1st Choice Physician 910-897 4458
Plumbing Contractor's Company Name Telephone
1140 Turlington Rd Henr NC 22705
Address License #
Signature of Officer(s) of Corporation
Insulation Permit Information Residential () Other () Not Required ()
MOZINGO TAISULATION Kendag NC 919 284 6617
Insulation Contractor's Company Name & Address Telephone

	Application #	
	ust fill out this portion tem Information	*
Sprinkler Contractor's Company Name	Contact & Telephone	паноно
Address	License #	
Signature of Officer(s) of Corporation Fire Alarm Systems	tem Information	•
Fire Alarm Contractor's Company Name	Contact & Telephone	<u>-</u>
Address	License #	••••
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Transport	tation Driveway Access/Permit? Yes	No
. Homeowners Applying to Please answer the following questions then see a Permit Technici	o Build Their Own Home ian to determine if you qualify for permit under Owr	ners Exemption.
Questionnaire per G.S. 87-14 Regulations as to Is	ssue of Building Permits (Memo availabl	e upon request)
Do you own the land on which this building	will be constructed?yes	no
Have you hired or intend to hire an individu the project?	al to superintend and manage con	nstruction of
3. Do you intend to directly control & supervis	e construction activities? yes	no
4. Do you intend to schedule, contract, or dire be done?	ectly pay for all phases of construct	tion work to
5. Do you intend to personally occupy the buil following completion of construction and do yo creates the presumption under law that you fra	u understand that if you do not do	onths so, it
	yes	no
Sign & date		
I hereby certify that I have the authority to make necessand that the construction will conform to the regulation Mechanical codes, and the Harnett County Zoning Orciontractors is correct as known to me and if any change building and trade plans, Environmental Health permit of my responsibility to notify the Harnett County Central Permit Central Permi	ions in the Building, Electrical, Plumbin dinance. I state the information on the les occur including listed contractors, site changes or proposed use changes, I certifermitting Department of any and all change $4-3-07$	g and above plan, ifv it is

Application a	¥
• •	

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

The undersigned	d applicant for Building Permit #	being the:
	General Contractor Owner Officer/Agent of the Contractor or Owner	
	•	
the work set fort	rm under penalties of perjury that the pe h in the permit:	erson(s), firm(s) or corporation(s) performing
	Has/have three (3) or more employees a compensation insurance to cover them.	and has/have obtained workers'
<u></u>	Has/have one (1) or more subcontractors compensation insurance to cover them.	s(s) and has/have obtained workers'
	Has/have one (1) or more subcontractors workers' compensation insurance coveri	s(s) who has/have their own policy of ng themselves.
**************************************	Has/have not more than two (2) employe	ees and no subcontractors.
Department issi insurance prior t	uing the permit may require certificate	nt it is understood that the Central Permitting is of coverage of worker's compensation during the permitted work from any person,
Firm Name:	Bun Buildern 1	40
Sign/Title:	Chany Palland.	
Date:	4-3-67	

. section below to be filled out by mever performing work. Must be owner clicensed contractor. Address, company name & phone must match information on license.

Application # 075001 7135 536

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-7525 www.harnett.org

	tot building and Hade	2 Gilling
Owner's Name:	** *** *** *** *** *** *** *** **** ****	Date:
Address:		Phone:
Directions to job site from Lillington:		
Subdivision:		Lot:
Construction Type: (Please Check)	Building Use: (Please	Check)
New Moved House Other	Residential Modular	Commercial Multi-Family
Total Project Cost:Description of General	of Proposed Work:	n
Heated SFCrawl Space ()	Building Construction	Cost \$
Unheated SFSlab ()	Acres Disturbed	Cost \$Stories
Building Contractor's Company Name	Telephone	
Address		License #
Signature of Owner/Contractor/Officer(s) of Contractor of	rical Permit Information Electrical Cost Overhead () head () Service Size: 919 894-3 Telephone NC 27504 Anical Permit Information Mech	400 Amps 139 669 3843 20256 License #
Address		License #
Signature of Officer(s) of Corporation Description of Work Rough Fixish Number of Baths 5 Plumbing Plumbing Contractor's Company Name 3504 Greenville Look Rough Address Signature of Officer(s) of Corporation Insulation Permit Information	bing Permit Information Plumbing Cost Telepl Vake Forest NC	L# 9585 License #
Insulation Contractor's Company Name & Add	dress	Telephone

Plan Box Number E-7

FREE STANDING GARAGE W/ APTI/LIVING (ENNIS) Job Name 07500 17/36

Date: 4-3-07

Required Inspections for SFA/SFD

Appl. # 07500 | 7 | 3 **6**Valuation # 94, 664
Sq. Feet | 1457

Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	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	R* Insulation
60	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	Envir. Operations Permit