

**Application for Building and Trade Permit**

Owner's Name: Randy Morrison Date: 6/22/2014  
Address: 270 Morrison Rd Phone: \_\_\_\_\_  
Directions to job site: McLaurin Rd to Mc Morrison Rd Left on Morrison Rd  
Site is on right  
Subdivision: N/A Lot: \_\_\_\_\_  
Type Construction: (Please Check)  
New  Renovation  Addition   
Moved House  Other   
Specify Type of Work: DETACHED GARAGE  
Building Use: (Please Check)  
Residential  Modular   
Commercial  Multi-Family

**Building Permit Information**

Heated  Crawl Space   
Unheated  Slab   
Building Contractor's Company Name: Moss Home Builders & Realty  
W. Almon  
Signature of Officer(s) of Corporation  
Acres Disturbed: 1 Building Construction Cost \$: \_\_\_\_\_  
Stories: \_\_\_\_\_  
Address: PO Box 577 Lillington NC  
18637 License # Telephone: 910-893-4875

**Electrical Permit Information**

Description of Work: Electrical Electrical Cost \$: \_\_\_\_\_  
TS Pole: Yes  No  Underground  Overhead   
Permanent Service: Underground  Overhead   
Electrical Contractor's Company Name: Pioneer Electric & Maintenance Co., Inc.  
Neil B. Johnson  
Signature of Officer (s) of Corporation  
Service Size: \_\_\_\_\_ Amps  
Address: 122 Old US 421 Lillington NC, 27546  
21643 License # Telephone: 910-814-3751

**Insulation Permit Information**

Residential  Other  Not Required   
Insulation Contractor's Company Name: TRI CITY INSULATION  
418 Person St Fayetteville NC  
Address  
Telephone: 910-486-8855

**Mechanical Permit Information**

Description of Work: HVAC Number of Units: \_\_\_\_\_ Type System: \_\_\_\_\_ Mechanical Cost \$: \_\_\_\_\_  
Number of Tons: \_\_\_\_\_  
Mechanical Contractor's Company Name: Beasley's Hg & A/c, Inc.  
R. Brent Beasley  
Signature of Officer(s) of Corporation  
Address: 57 W.C. Beasley Ln. Coats NC 27521  
License #: 9497 Telephone: 919-894-4248

**Plumbing Permit Information**

Description of Work: PLUMBING Number of Baths: \_\_\_\_\_ Plumbing Cost \$: \_\_\_\_\_  
WFW PLUMBING CO  
Plumbing Contractor's Company Name  
Kirk Wells  
Signature of Officer(s) of Corporation  
Address: PO Box 1235 HUNTER NC  
License #: 14087 Telephone: 639-0195

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

6/23/2014  
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

Moss Construction & Remedy Inc

Sign w/Title



(PA45)

Date

6/23/2014

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 \_\_\_\_\_ Date \_\_\_\_\_

Site Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to job site from Lillington \_\_\_\_\_

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

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

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

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole \_\_\_ Yes \_\_\_ No

Electrical Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

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

Plan Box # B8

Date 6-2-14

Job Name Mass Homebuilders

App # 33811

Valuation 155,000 Heated SQ Feet 1521

Garage 865  
= 2386

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 \_\_\_\_\_

*Det Garage  
w/ Bonus Room  
area*

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.

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Application Number . . . . . 14-50033811 Date 6/23/14  
Property Address . . . . . 270 MORRISON RD  
PARCEL NUMBER . . . . . 13-0611-01- -0713- -01-  
Application type description CP GARAGE/CARPORT RESIDENTIAL DETACHED  
Subdivision Name . . . . . A C MORRISON JR & T H MORRISON  
Property Zoning . . . . . PENDING

Owner

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MORRISON RANDALL C  
270 MORRISON RD  
LILLINGTON NC 27546

Contractor

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MOSS KENNETH A  
PO BOX 577  
LILLINGTON NC 27546  
(910) 893-4875

Applicant

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MOSS HOMEBUILDERS  
PO BOX 577  
LILLINGTON NC 27546  
(910) 890-2103

--- Structure Information 000 000 30X42 DET GARAGE W/ BONUS ROOM AREA  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . PROPOSED USE DET GARAGE  
SEPTIC - EXISTING? NEW TANK  
WATER SUPPLY COUNTY

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Permit . . . . . RESIDENTIAL BUILDING PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1038025  
Issue Date . . . . . 6/23/14 Valuation . . . . . 155066  
Expiration Date . . . . . 6/23/15

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Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1040690  
Issue Date . . . . . 6/23/14 Valuation . . . . . 0  
Expiration Date . . . . . 6/23/15

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Permit . . . . . RESIDENTIAL INSULATION PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1040708  
Issue Date . . . . . 6/23/14 Valuation . . . . . 0  
Expiration Date . . . . . 6/23/15

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Permit . . . . . LAND USE PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1040716

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Application Number . . . . .	14-50033811	Page	2
Issue Date . . . . .	6/23/14	Date	6/23/14
Expiration Date . . . . .	12/20/14	Valuation . . . . .	0

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Permit . . . . .	RESIDENTIAL MECHANICAL PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1040724		
Issue Date . . . . .	6/23/14	Valuation . . . . .	0
Expiration Date . . . . .	6/23/15		

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Permit . . . . .	RESIDENTIAL PLUMBING PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1040732		
Issue Date . . . . .	6/23/14	Valuation . . . . .	0
Expiration Date . . . . .	6/23/15		

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Special Notes and Comments  
T/S: 06/02/2014 03:01 PM JBROCK ----  
MCDOUGALD RD TO AC MORRISON RD TAKE AC  
MORRISON TO MORRISON RD SITE IS 400  
YRDS ON RIGHT

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HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

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PARCEL NUMBER . . . . .	13-0611-01- -0713- -01-		
Application description . . .	CP GARAGE/CARPORT RESIDENTIAL DETACHED		
Subdivision Name . . . . .	A C MORRISON JR & T H MORRISON		
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	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	_____	/ /