

Plan Box # File

Date 5-26-14
Job Name Chad Goodnight

App # 1050037972 Valuation 44400

SQ Feet 1200
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 X Envir. Health exist Other _____

Additions / Other

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

*30 x 40
Detached Garage*

11/10/2014
11/10/2014

11/10/2014

11/10/2014

11/10/2014

11/10/2014

11/10/2014

11/10/2014

11/10/2014

11/10/2014

11/10/2014

09/09/11

Application #

37972

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2783 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 CHAD GOODNIGHT 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

CHAD GOODNIGHT Building Contractor's Company Name _____ Telephone _____

548 ROLLINS MILL RD 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**

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

Chad Goodnight
Signature of Owner/Contractor/Officer(s) of Corporation

6/3/16
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 CHAD GOODNIGHT

Sign w/Title Chad Goodnight Date 6/3/16

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	16-50037972	Date	6/03/16
Property Address	548 ROLLINS MILL RD		
PARCEL NUMBER	05-0626- - -0052- -09-		
Application type description	CP GARAGE/CARPORT RESIDENTIAL DETACHED		
Subdivision Name			
Property Zoning	RES/AGRI DIST - RA-30		

Owner

Contractor

GOODNIGHT CHADWICK & MALLORY
 356 VICTORIA HILLS DR S
 FUQUAY VARINA NC 27526
 (919) 669-8586

OWNER

Applicant

GOODNIGHT CHAD - DET GARAGE
 356 VICTORIA DR S
 FUQUAY VARINA NC 27526
 (919) 669-8586

--- Structure Information 000 000 40X50 DET GARAGE

Flood Zone	FLOOD ZONE X		
Other struct info	# BEDROOMS		3000000.00
	PROPOSED USE		DET GARAGE
	SEPTIC - EXISTING?		NA
	WATER SUPPLY		COUNTY

Permit	RESIDENTIAL BUILDING PERMIT		
Additional desc . . .			
Phone Access Code . .	1142256		
Issue Date	6/03/16	Valuation	44400
Expiration Date . . .	6/03/17		

Permit	LAND USE PERMIT		
Additional desc . . .			
Phone Access Code . .	1142264		
Issue Date	6/03/16	Valuation	0
Expiration Date . . .	11/30/16		

Special Notes and Comments
 T/S: 02/05/2016 12:58 PM JBROCK ----
 CHRISTIAN LIGHT RD L ON 42 W R ON
 ROLLINS MILL RD DRIVEWAY ON R ABOUT 1/2
 MILE DOWN ROLLINS MILL
 XXX
 PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
 INSULATION AND LAND USE.

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 Application description CP GARAGE/CARPORT RESIDENTIAL DETACHED
 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	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	229	R229	TWO TRADE FINAL	_____	___/___/___

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Special Notes and Comments

XX

Work must conform and comply with the
STATE BUILDING CODE and all other State
and local laws, ordinances & regulations

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

REPORT OF THE COMMITTEE ON THE
PROGRESS OF THE WORK OF THE
DEPARTMENT OF CHEMISTRY

FOR THE YEAR 1955-1956
PRESENTED TO THE BOARD OF THE
UNIVERSITY OF CHICAGO
BY THE COMMITTEE ON THE
PROGRESS OF THE WORK OF THE
DEPARTMENT OF CHEMISTRY