

\* 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 license.

Application # 07-50016605

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 www.harnett.org  
**Application for Building and Trade Permit**

Owner's Name: MOSS DEVELOPERS LLC

Date: 11/31/07

Address: PO BOX 577

Phone: 910-890-0328

Directions to job site from Lillington: 421 North, Turn right on cool Springs Rd. at Boone Trail Fire depart. turn @ on Brown Rd Grande pines is 1/4 mile on @ 2nd Lot on @

Subdivision: Grand pines Lot: \_\_\_\_\_

Construction Type: (Please Check)  
 New  Moved House  
 Renovation  Addition  Other

Building Use: (Please Check)  
 Residential  Commercial  
 Modular  Multi-Family

Total Project Cost: 100,000.00 Description of Proposed Work: on frame modular

**General Contractor Information**

Heated SF  Crawl Space ( ) Building Construction Cost \$ 80,000.00  
Unheated SF  Slab ( ) Acres Disturbed \_\_\_\_\_ Stories \_\_\_\_\_

MOSS HOME BUILDERS & READY INC (910) 893-4875  
Building Contractor's Company Name Telephone  
PO BOX 577 LILLINGTON NC 27546 License # 18637  
Address

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

**200 Amp serv Electrical Permit Information**

Description of Work Hook up electric Electrical Cost \$ 800.00  
TS Pole: Yes ( ) No ( Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: 200 Amps

Bobby Sharpe 919-499-3338  
Electrical Contractor's Company Name Telephone  
735 Sharpe Rd Sanford NC License # 23262  
Address

Bobby Sharpe  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work Hook up Heat Pump Mechanical Cost \$ 4000.00  
Number of Units \_\_\_\_\_ Type System Heat pump

Tim Shop 919-499-1757  
Mechanical Contractor's Company Name Telephone  
3489 Edgewoods Rd License # 22513  
Address

Kevin Wilkerson  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Hook up water/sewer lines  
Number of Baths 2 Plumbing Cost \$ 0

MOSS HOME BUILDERS (910) 893-4875  
Plumbing Contractor's Company Name Telephone  
PO BOX 577 Lillington NC 27546 License # \_\_\_\_\_  
Address

[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information Residential ( ) Other ( ) Not Required ( )**

Insulation Contractor's Company Name & Address Telephone

**Commercial Jobs must fill out this portion**  
**Sprinkler System Information**

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Sprinkler Contractor's Company Name	Contact & Telephone
Address	License #
Signature of Officer(s) of Corporation	

**Fire Alarm System Information**

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Fire Alarm Contractor's Company Name	Contact & Telephone
Address	License #
Signature of Officer(s) of Corporation	

**Driveway Access** - NC Department of Transportation Driveway Access/Permit?      Yes      No

**Homeowners Applying to Build Their Own Home**

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed?      \_\_\_ yes      \_\_\_ no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?      \_\_\_ yes      \_\_\_ no
3. Do you intend to directly control & supervise construction activities?      \_\_\_ yes      \_\_\_ no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?      \_\_\_ yes      \_\_\_ no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?      \_\_\_ yes      \_\_\_ no

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Sign & date

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 if any changes occur including listed contractors, site plan, 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.

\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

1/21/07  
\_\_\_\_\_  
Date

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

The undersigned applicant for Building Permit # 10605 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
- Has/have not 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.

Firm Name: \_\_\_\_\_  
Sign/Title: [Signature]  
Date: 1/31/07

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  
license.

Application # 07-50016005  
Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 www.harnett.org  
**Application for Building and Trade Permit**

Owner's Name: MOSS DEVELOPERS LLC Date: \_\_\_\_\_  
Address: PO BOX 577 Phone: 910-890-0308  
Directions to job site from Lillington: 421 North, Turn Right on Cool Springs Rd. at  
Boone Trail Fire Dept. turn @ on Brown Rd Grande Pines is 1/4 mil  
@ 2nd Lot or

Subdivision: Grand Pines Lot: \_\_\_\_\_  
Construction Type: (Please Check) Building Use: (Please Check)  
 New  Moved House  Residential  Commercial  
 Renovation  Addition  Other  Modular  Multi-Family  
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**General Contractor Information**  
Heated SF  Crawl Space ( ) Building Construction Cost \$ 80,000.00  
Unheated SF  Slab ( ) Acres Disturbed \_\_\_\_\_ Stories \_\_\_\_\_  
Building Contractor's Company Name: MOSS HOMEBUILDERS & READY INC Telephone: (910) 893-4875  
PO BOX 577 LILLINGTON NC 27546 License #: 18037

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp  
**Electrical Permit Information**  
Description of Work: 200 Amp serv Hook up electric Electrical Cost \$ 800.00  
TS Pole: Yes ( ) No  Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: 300 Amps  
Electrical Contractor's Company Name: Bobby Sharpe Telephone: 919-499-3338  
735 Sharpe Rd Sanford NC License #: 23262  
Signature of Officer(s) of Corporation: Bobby Sharpe

**Mechanical Permit Information**  
Description of Work: Hook up Heat Pump Mechanical Cost \$ 4000.00  
Number of Units \_\_\_\_\_ Type System: Heat pump  
Mechanical Contractor's Company Name: Tim Shop Telephone: 919-499-1157  
3489 Edwards Rd License #: 22513  
Signature of Officer(s) of Corporation: Tim Shop

**Plumbing Permit Information**  
Description of Work: Hook Water Sousey Lines Plumbing Cost \$ 300.00  
Number of Baths \_\_\_\_\_  
Plumbing Contractor's Company Name: FOR HEATING AND COOLING Telephone: (919) 770-9141  
PO BOX 338, Cameron, NC 28326 License #: 22732  
Signature of Officer(s) of Corporation: Tom R. Gaf

**Insulation Permit Information** Residential ( ) Other ( ) Not Required ( )  
Insulation Contractor's Company Name & Address: \_\_\_\_\_ Telephone: \_\_\_\_\_



(MODULAR)

Plan Box Number A-5

Job Name MOSS

Date: 2-1-07

Required Inspections for SFA/SFD

Appl. # 0750016605

Valuation \$97,004

Sq. Feet 1493

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