* 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 licerise.

Application #07 - 500 loco to Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permi	ţ
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Application for Building and Trade Permit	IT
Owner's Name: Country Fair Homes Date Collor) (
Address: 2516 Jefferson Davis Hand Phone: 910-890	2398
Directions to job site from Lillington: 421 North, Tern Frank on Gool Sp	ttt.Be
Doone Trail Fire Depart torn Don Brown Rd Grande	_21,700
Subdivision: Grand Pines Lot:	
Construction Type: (Please Check) New Moved House Building Use: (Please Check) Residential Commercial	
Renovation Addition Other Modular Multi-Family	
Total Project Cost: 100,000,000 Description of Proposed Work: MOdular	
General Contractor Information	0
Heated SF Crawl Space () Unheated SF Slab () Building Construction Cost \$ 80 CC () . O Acres Disturbed Stories	<u>~</u>
haven Pack m+1 masers 919-115-300	\mathcal{O}
Building Contractor's Combany Name Telephone	
3516 Jefferson Davis Muy 3700 Licens	— e #
Address Day of State	
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp	
Description of Work HOOK ON Electric Electrical Cost \$ 800.00	
TS Pole: Yes () No (v) Underground () Overheard () Permanent Service: Underground () Overhead () Service Size: Amp	S
α , γ	
Flectrical Contractor's Company Name Telephone	
735 Sharpe Rd Santord NC 232102 Licens	<u> </u>
Address	o ir
Signature of Officer(s) of Corporation	
Mechanical Permit Information	
Number of Units Type System Heat pum & Mechanical Cost \$41000.	00
tim Shop 919-499-1757	
Mechanical Contractor's Company Name Telephone	13
Address Licens	<u>~</u> e#
Davis Millingson	
Signature of Officer(s) of Corporation Plumbing Permit Information	
Description of Work I for K 11/0 tex I Sewel 2 ineo	
Number of Baths Plumbing Cost \$	
FOX HPATING AND COOLEVER (919)770-9141 Plumbing Contractor's Company Name Telephone	
22732 2200 275 Company Mario	
Address	e#
From C. Hal	
Signature of Officer(s) of Corporation Insulation Perinit Information Residential () Other () Not Required ()	
Insulation Contractor's Company Name & Address Telephone	10/06
Page 1 of 3	10/00

Application	#

Commercial Jobs Sprinkler S	s must fill out this portion System Information
Address Since turn of Officer(s) of Opporation	Contact & Telephone License # System Information
Fire Alarm Contractor's Company Name	Contact & Telephone
Address	License #
Signature of Officer(s) of Corporation Driveway Access - NC Department of Tran	Sportation Driveway Access/Permit? Yes No

Applying to Ruild Their Own Home
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?
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 ves 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
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 <u>any</u> changes occur including listed contractors, site plan, contractors is correct as known to me and if <u>any</u> changes or proposed use changes, I certify it is 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

Date

ate

Application	#
	T

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

The undersign	led applicant for Building Permit #	being the:
	General Contractor Owner Officer/Agent of the Contractor or Owner	
Do hereby cor the work set fo	nfirm under penalties of perjury that the person orth in the permit:	(s), firm(s) or corporation(s) performing
	Has/have three (3) or more employees and had compensation insurance to cover them.	as/have obtained workers'
	Has/have one (1) or more subcontractors(s) a compensation insurance to cover them.	and has/have obtained workers'
	Has/have one (1) or more subcontractors(s) workers' compensation insurance covering the	
	_ Has/have not more than two (2) employees ar	nd no subcontractors.
Department is insurance prior	on the project for which this permit is sought it is suing the permit may require certificates of to issuance of the permit and at any time during tion carrying out the work.	coverage of worker's compensation
Firm Name: <u></u>	Paven Rock MH	Moders
Sign/Title:	Ballon Sug	as
Date:	2/15/00	0

(MODULAR)

Plan Box Number F-6

Job Name COUNTRY FAIR

Date: <u>3-16-07</u>

Required Inspections for SFA/SFD

Appl. # 07500 16606 Valuation # 100, 512 Sq. Feet 1847

Sequence

10	D* Dida Footing
10-30	R* Bldg. Footing
20	R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
 	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
_	•

NORTH CAROLINA MODULAR BUILDING SET-UP CONTRACTOR LICENSE BOND

		· •_	KS134104746
WE, & J. Nomack Enterp 2516 Deptison Davis P.O. For 3917 Deptis	(1885 dnc. DBA Raver	r Rock Mobile Home	Moreis
P.O.BOX 3967 Peoria 1	L GIGID-391671	_ andRLI	porporated under the take of the
State of Tilinois	and duly, licensed to tre	naact a surely business in the land of the	perpended under the laws of the State of North Carolina as surety
five thousand (\$5,000) dollars for y	think promoned out to be	(mi) of cooling if	TSPECTION Department) in the sum
THE CONDITION OF THE	S OPI KATKU IB ALIAK	and our legal representatives	ordiy and adversity,
notaliation of the modular building	described herein;	and billicidan usiz eureled fi	ko a contract for the set-up and
with the regulations of the Nath Ca	Principal and all his agents and e refine State Building Code access	umployees shall sol-up and Insta	all said modular building in compliance
and void; otherwise, it shall be in fu	I ferce and effect.	ing weisistica of modifier prilic	uli sald modular building in compliance lings, then this obligation shall be nuli
it is expressly provided that:			•
1. This bond is executed	by the said principal and surery to	1 dhahis the agrainst to	one North Carolina labeled modular
4. IIII DONO BEIN KAI IA E	Personal adda a a		one North Carolina labeled modular
North Carolina labeled me	dular building at the following add	e Building Code obligations of	the principal for the set-up of one
Street (1)	Torande ornes	<u></u>	
3. This bond will remain	illington	North Carolina	certificate of compliance for the
modular bullding.	Alloct for oth Adi	r religwing the Issuance of the	certificate of compliance for the
5. The owner of the most	uin on life with the ler building described in paragraph and may, in addition to any other	(ally or ex	Walt Inspection doors
omission covered by this b	ond may, in addition to any other:	1 2, who sustains any loss or di	anage by reason of any act or an action in his own name on this
DOUG IOL ID B MCGARA VI Y	Barana and a la l	THE VIEW OF THE VIEW POINTS	BO BOSON IS NO AUG
surety shall not be tiable to	and agreed that this bond shall be by successive claims in axerce of	open to augosasive claims up	to the face value of the bond. The
the bond,		are cond amount, regardless o	I the number of claims made against
In Witness Whereof, the a	bave bounden parties have expra	ited this issue	several ecols, inis the 15 day
duly signed be its understand representation	the name and corporate seal of	each corporate party being h	ereto affixed and these presents
duly signed be its undersigned repres	onianta, persuant to authority of	is governing body,	
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	Burely by	911	SEAL SEAL
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	The Geent	(Musta	i name)
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	Address 134 N. S	telle Sd. Sa	stand, NC 27330
	97.1	1	+ ,
		N.C. Resident Age	ni
	P.O. BOX 1705		
Power of Attorney Attached		Address	4 330
A STATE AL CHATHAL WINSTINGS			