Each section below to be filled out by tomever performing work. Must be owner licensed contractor. Address, company me & phone must match information on three.	Harnett County Central Perm PO Box 65 Lillington, NC 275- Telephone Number 910-893-7525 www Application for Building and Tr	48 r.hamett.org SC
Owner's Name: HiGHIA	In HOME RULDENS	Date: 8 15 07
	gu DR CAMBRONNC	Phone: 9-499-2424
Directions to job site from Li	llington: 24/27 W To SHERWO	
INTO SUBDIVISION	angen.	
	TE @ SHORWOOD TOREST	Lot /2-
Construction Type: (Please		
New Moved	louse Residential	Commercial
Renovation Addition	Other Modular	Multi-Family
Total Project Cost: 130 00	Description of Proposed Work	OFF-FRAME MODULYR
	General Contractor Inform	ation
Heated SFCrawl Sp Unheated SFSlab ()	ace () Building Construc Acres Disturbed _	
MARKS HOME	_	499-2768
Building Contractor's Compa	ny Name Telephon	• - (1)
VIZSB BLACK RD	CAMERON 1 C 2832	6 3441
Address	11	License #
· Manha my	Jarle	
Signature of Owner/Contrac	tor/Officer(s) of Corporation — Must sign Electrical Permit Informa	back of form a workers comp flon
Description of Work CRO	SSOVERS, TEMPHOLE Electrical	Cost \$
TS Pole: Yes (/) No () U Permanent Service: Underg	Inderground (*) Overhead () pround (*) Overhead () Service S	
MID CAROUND EL		353-1122
Electrical Contractor's Comp	• /	2657 VL
117 JACKSON ST	, DANFORD NC	License #
Address -	4	<u></u>
Signature of Officer(s) of Co	noration	
	Mechanical Permit Inform	<u>ation</u>
Description of Work HENT Number of Units	Type System <u>HOAT RUNP</u>	Mechanical Cost \$ 4,000
MACKS HEATING &	17/460	919-776-1410
Mechanical Contractor's Co		elephone
2684 DOED RIV	ER RO SAJEGROA	c <u>09325</u>
Address		· License #
Mach You	nep	
Signature of Officer(s) of Co	rporation Plumbing Permit Informa	ition
Description of Work WAT	ERC WASIZ CINES	
Number of Baths 2	Plumbing	Cost \$ 2,000
FIX-IT PLYMBING		919-499-7622
Plumbing Contractor's Com		elephone
20 Box 2416 S	AUPORINC 27331	15229 License #
Address	,	MANING II
Signature of Officer(s) of Co	portion	· · · · · · · · · · · · · · · · · · ·
nsuiation	<u>Permit information</u> Residential ()	Other () Not Required (Y
		<u> </u>
	pany Name & Address	Telephone

* 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.	PO Box 65 Lill Telephone Number 910	Central Permitting Ington, NC 27546 -883-7525 www.harnett.org	n# <u>17962</u>	
	7/	ding and Trade Perm		
Owner's Name: Hothad	HOME BULDE	<u>y_s</u> Da	te: <u>8/19/27</u>	
Address: 80 RIOGENEW	PR., CAMER		one: 919-499-2424	
Directions to job site from Lilling	gton: 24/27 W	To STETEWOOD	thus Cr	
I FET INTO SUBDIVIS				
Subdivision: THE RIGHT		2 FOREST LO	/2	
Construction Type: (Please Ch		ling Use: (Please Chec		
✓ New Moved Hou Renovation Addition	ise ✓R	esidential	Commercial Multi-Family	
			ton core lon a och	((i:
Total Project Cost: 3,000	_Description of Propos	actor information	tED SCREENED ARCH	(
' • 1	Activital Activi	ing Construction Cost	s 3,000	
Heated SF Crawl Space Unheated SF Slab ()	Acre	s Disturbed	Stories	
GRAN BULLDING CO		919-429-	4691	
V =	A 1	T-1		
Building Contractor's Company 31, AZAZEM DR. C	more the	C 27517	58354	
Address	/		License #	
· V				
Signature of Owner/Contractor	Officer(s) of Corporation	on — Must sign back of form	& workers comp	
	<u>Electrical Pe</u>	rmit Information	1000	
Description of Work CEILIN	G FAN, CUTET	Z_Flectucal Cost 2	1,000	
TS Pole: Yes () No (3 Undergroup) Permanent Service: Undergroup	und () Overhead ()	Service Size:	200 Amps	
		919-353-	•	
Mio Capolina Electrical Contractor's Compan		Telephone		
117 JACKSON ST.	· _ \		26579L	
Address 2	JANIOKD, NC		License #	
2/1/1/1				
Signature of Officer(s) of Corpo	pration			
Signature of Officer(s) of Corp.	44	ermit information		
Description of Work				
Number of Units	Type System	Mechanica	al Cost \$	
Mechanical Contractor's Comp	any Name	Telephone		
Address	•		License #	
Signature of Officer(s) of Corpo	pration	14.1#= = 41 = =		
Description of the original		rmit information		
Description of Work Number of Baths		Plumbing Cost \$		
Number of David	· · · · · · · · · · · · · · · · · · ·			
Plumbing Contractor's Compar	v Name	Telephone		
Figuriality Contractor a Compar	iy 1401110	, siopilotio		
Addross			License #	
Address			Hodies #	
Oleration of Office of Community			/ .	٠
Signature of Officer(s) of Corpo	oration ermit information Res	idential () Other ()	Not Required (v)	
III SAIKAVII FS	Trill HIATHGRAIT 1/00			
Insulation Contractor's Compar	ny Name & Address	-\	Telephone	
insulation Contractor's Compar	IN MAILIE OF WORKERS	\	i didpriorio	

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

Application #_

Harnett County Central Permitting PO Box 65 Lillington, NC 27548 Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit

	Application to Dalming all Trace Faith.
	Owner's Name: HIGHLAJO HOME BUILDERS Date: 8/20/07
	Address: 80 RICKTEVIEW DR. CAMERON, NC Phone: 919-499-2424
	Directions to job site from Lillington: 24/27 w To Storewood Hous CT.
	LEFT INTO SUBDIVISION
	Subdivision: THE RIDGE & SHERWOOD FOREST Lot: 12
	✓ New Moved House Residential Commercial
	Construction Type: (Please Check) Building Use: (Please Check) ✓ New Moved House Residential Commercial Renovation Addition Other Modular Multi-Family
	Total Basinet Bask 15 and Description of Bases and Words ATTACHED 27 427 GARAT
	Total Project Cost: 15,000 Description of Proposed Work: ATTACHED 22 x 22 GARAC General Contractor Information
`	Heated SF Crawl Space () Building Construction Cost \$ 14,000
2	Unheated SF Slab () Acres Disturbed Stories
, 5	GRAU BUILDING COMPANY 919-499 = 4691
17.	Heated SF Crawl Space () Building Construction Cost \$ 14,000 Unheated SF Zslab () Acres Disturbed Stories 1 GRAU BUILDING COMPANY 919-499-4691 Building Contractor's Company Name Telephone 311 Azares Des CHARES HULL 27577 58354 License #
$\prec O$	311 Azaren De CHARGE HULL 27577: 58354
)	Address License #
30:	The state of the s
110C	Signature of Owner/Contractor/Officer(s) of Corporation — Must sign back of form & workers comp
7,0,	
Zv.	Description of Work 46-1775, OUTST Electrical Cost \$ 1,000
<i>700</i>	Description of Work LIGHTS, OUTST Electrical Cost \$ // OCC TS Pole: Yes () No () Underground () Overhead ()
\mathcal{D}	Permanent Service: Underground (-) Overhead () Service Size: 200 Amps
	MID CAROLNA ELECTRIC 9/9-353-1122 Electrical Contractor's Company Name Telephone
	Electrical Contractor's Company Name Telephone
	117 JACKSON ST. SANFORD NC 26579L
	Address / License #
	Walter Inven
	Signature of Officer(s) of Corporation
	Mechanical Permit Information
•	Description of Work
	Number of Units Type System Mechanical Cost \$
,	Mechanical Contractor's Company Name Telephone
	Address License #
	Signature of Officer(s) of Corporation
	Plumbing Permit Information
	Description of Work Plumbing Cost \$
	riumber of Batris
	Plumbing Contractor's Company Name Telephone
	Address License #
	Signature of Officer(s) of Corporation
	I I A A A COMPANIA A A A COMPANIA A A COMPANIA A A COMPANIA A COMP
	Insulation Permit Information Residential () Other () Not Required ()

*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 #_

11952

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

Telephone Numbe			
Application for	Building	and Trade	<u>Permit</u>

	Application 10	Bulling and Trade I	
0	wner's Name: Highar Home K	11Lotrs.	Date: \$ /25/07
	ddress: 80 RIPGEVIEW DR (A		
/ N	autess. No Albert Plew Pre	1000	
Di	rections to job site from Lillington: $\frac{24/27}{2}$	W 10 SILRW	000 111US CT
Si	ubdivision: THE RIOUTE @ SITERUL	00 FOREST	Lot
∖ Ci	onstruction Type: (Please Check)	Building Use: (Please (Check)
$\bigcup_{i=1}^{n}$	New Moved House	Residential	Commercial
	New Moved House Renovation Addition Other	Modular	Multi-Family
• 1			_
74 T	otal Project Cost: 2,500 Description of F	roposed Work: <u>Cova</u>	THEO PRONT TERC
\mathcal{D}_{H}	eated SFCrawl Space ()	Acree Dieturbed	Stories /
30	eated SFCrawl Space () nheated SFSlab ()	Acres Disturbed	Glories
Z	GRAU BULLOWG COMPANY ullding Contractor's Company Name 311 AZALEN DE CHAREZ HOLL NO	919-499	-469/
یا Βا	uilding Contractor's Company Name	Telephone	/
	311 AZALEM DR. CHOREZ HOLL NO	275//	38359
Ā	ddress		License #
~	ignature of Owner/Contractor/Officer(s) of Corp	– Poration – Must elan back o	f form & workers comb
D	escription of Work S Pole: Yes () No () Underground ()	Electrical Cost	\$
T:	S Pole: Yes () No () Underground ()	Overhead ()	
P	ermanent Service: Underground () Overhe	ad () Service Size:	Amps
	-		
E	lectrical Contractor's Company Name	Telephone	
_	icalical contractor o company indino	13.34	
_			License #
A	ddress		Liverise #
_		_	•
S	ignature of Officer(s) of Corporation	and Managla Industrialian	
_		cal Permit Information	
Ŋ	escription of Work Type System _	Mech	anical Cost \$
1.8	umber of Onits type System _	Micon	arridar Cost v
_		_ \	
M	lechanical Contractor's Company Name	Teleph	none
		\	
Ā	ddress		License #
		\	
-	ignature of Officer(s) of Corporation	-	`
3	ignature of Officer(s) of Corporation	ng Permit Information	
ח	escription of Work	ALL THE PARTY OF T	
	iumber of Baths	Plumbing Cos	\$
5	lumbing Contractor's Company Name	Telepi	ODB
1	idilibing Contractor's Company Name	(Clop)	10113
-			
A	ddress	•	License #
		•	
ร	ignature of Officer(s) of Corporation		
	Insulation Permit Information	n Residential () Other	r() Not Required Y
	•		
İr	nsulation Contractor's Company Name & Address	288	Telephone
14	resident consector e company reme a roun		

Application	#	 	
T. F.		 	

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

The undersigne	d applicant for Building Permit #	being the:
	General Contractor	
	Owner Officer/Agent of the Contractor or Owner	
Do hereby conf the work set for		erson(s), firm(s) or corporation(s) performing
<u> </u>	Has/have three (3) or more employees a compensation insurance to cover them.	and has/have obtained workers'
	Has/have one (1) or more subcontractor compensation insurance to cover them.	rs(s) and has/have obtained workers'
	Has/have one (1) or more subcontractor workers' compensation insurance cover	s(s) who has/have their own policy of ing themselves.
	Has/have not more than two (2) employ	ees and no subcontractors.
Department issinsurance prior	uing the permit may require certificat to issuance of the permit and at any time	ht it is understood that the Central Permitting es of coverage of worker's compensation during the permitted work from any person,
Firm Name:_/	HEHRAND HOME BUNDENS	
Sign/Title:	honi La Cieri N	EMPER /MANAGER
Date: 8/20/	on carrying out the work 1644 ADDE BUNDENS USSI L CIEN N 107	

Plan	Box	Number	·	$\overline{}$

Job Name MARKS Homes

Date: 8-27-07

Required Inspections for SFA/SFD

Appl. #_ 0750017952 Valuation <u>\$118,963</u> Sq. Feet <u>1831</u>

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
	•

Plan Box Number 4-7

Job Name MARKS Home

Date: 8-2**7**-07

Required Inspections for SFA/SFD

Appl. # 0750017952 Valuation 54, 706 Sq. Feet 942

Sequence

10 10-30	R* Bldg. Footing R* Elec. Temp Service Pole
(0-30	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
	operations i clinic

41:	ш	`
Application	"	

	must fill out this portion system information	
Sprinkler Contractor's Company Name	Contact & Telephone	
Address	License #	_
Signature of Officer(s) of Corporation Fire Alarm	System Information	
Fire Alarm Contractor's Company Name	Contact & Telephone	·
Address	License #	 .
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Trans	sportation Driveway Access/Permit? Yes	No
	on to Dulld Their Over Home	
HOMEOWIERS ApplyIn Please answer the following questions then see a Permit Tec	ng to Build Their Own Home chnician to determine if you qualify for permit under Own	ners Exemption.
Questionnaire per G.S. 87-14 Regulations as	to Issue of Building Permits (Memo availab	le upon request)
1. Do you own the land on which this build	ing will be constructed? yes	no
2. Have you hired or intend to hire an indiv	ridual to superintend and manage col yes	
3. Do you intend to directly control & super	vise construction activities? yes	no
4. Do you intend to schedule, contract, or obe done?	directly pay for all phases of construction yes	tion work to
5. Do you intend to personally occupy the following completion of construction and do creates the presumption under law that you	you understand that if you do not do	
	yes	no
Sign & date		
I hereby certify that I have the authority to make ne and that the construction will conform to the regular Mechanical codes, and the Harnett County Zoning contractors is correct as known to me and if any che building and trade plans, Environmental Health permy responsibility to notify the Harnett County Central	ulations in the Building, Electrical, Plumbir Ordinance. I state the information on the anges occur including listed contractors, sit nit changes or proposed use changes, I cert	ng and above e plan, tify it is
Levi L. Cini	8/20/07	
Signature of Owner/Contractor/Officer(s) of Corporation	tion Datè '	