

Entered 9-10-07 0750018042

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-4759

Application for Building and Trade Permit

Owner's Name: James Barber Date: 9-10-07
Address: Onwell Rd Phone: 919-427-0218
Directions to job site: 27 W Rt Spring Hill Ch. 4 on Falcon Lt on Qua. 1
Lot on Lt at end.

Subdivision: _____ Lot: _____
Type Construction: (Please Check)
New Renovation Addition Building Use: (Please Check)
Moved House Other Residential Modular
Description of Proposed Work: New Res. Mod on frame Commercial Multi-Family
Total Project Cost: 129,441

Building Permit Information

Heated 1624 Crawl Space Building Construction Cost \$ 100,000
Unheated Slab Acres Disturbed _____ Stories _____
Ch H Hanes Address 413 E Jackson Blvd Erwin NC
Building Contractor's Company Name _____
Ch Hanes License # 59143 Telephone 910-891-5171
Signature of Officer(s) of Corporation _____

Electrical Permit Information

Description of Work Hook Electric to home / ac Electrical Cost \$ 850.00
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead
Shockey Service Service Size: 200 Amps
Electrical Contractor's Company Name _____ Address PO Box 675 Garner
Mark Shockey License # 24742 Telephone 919-624-2174
Signature of Officer (s) of Corporation _____

Insulation Permit Information

Residential Other Not Required
Insulation Contractor's Company Name _____ Address _____
Telephone _____

Mechanical Permit Information

Description of Work Install AC unit Number of Units 1 Type System HP Mechanical Cost \$ 1500.00
Shockey Service Address PO Box 675 Garner
Mechanical Contractor's Company Name _____
Mark Shockey License # 12730 H Telephone 919-624-2174
Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work _____ Number of Baths _____ Plumbing Cost \$ 1000.00
Priority Plumbing Co. Address PO Box 264 Willow Springs
Plumbing Contractor's Company Name _____
Josh License # 18550 Telephone 919-880-5814
Signature of Officer(s) of Corporation _____

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

The undersigned applicant for Building Permit # _____ being the

_____ 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 or more subcontractor(s) and has/have obtained workers' compensation insurance covering them.

_____ / _____ has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation 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 workers' 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: CMH Homes

By: Debra Cardane

Title: Agent

Date: 9-10-07

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

Application #

18042

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548

Telephone Number 910-893-7625 www.harnett.org

Application for Building and Trade Permit

Owner's Name: Southern Decks & Utility Date: 7-2-07
Address: P.O. Box 432 Willow Springs Phone: 919-422-6134
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: _____ Description of Proposed Work: 10x12 DECK

General Contractor Information

Heated SF _____ Crawl Space () Building Construction Cost \$ 1800⁰⁰
Unheated SF _____ Slab () Acres Disturbed _____ Stories _____

Southern Decks & Utility 919-422-6134
Building Contractor's Company Name Telephone

P.O. Box 432 Willow Springs NC 081505
Address License #

[Signature] 27592
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: _____ Amps

Electrical Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____ Mechanical Cost \$ _____
Number of Units _____ Type System _____

Mechanical Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ Plumbing Cost \$ _____
Number of Baths _____

Plumbing Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

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

Insulation Contractor's Company Name & Address Telephone

added 9-10-07 JVP

Application # _____

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

The undersigned applicant for Building Permit # 18042 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 subcontractor(s) and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractor(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: Southern Decks & Utility BLDGS INC.
 Sign/Title: James B. Aape, Jr. OWNER
 Date: 9-10-07

MODULAR

Plan Box Number C-6

Job Name BAKER

Date: 9-11-07

Required Inspections for SFA/SFD

Appl. # 0750018042

Valuation \$112,790

Sq. Feet 1736

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