Entered 9-10-07/18 0750018042

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

<u>Application</u>	for Building and Trade	Date: 9-10-07
Owner's Name: James Babe		Date: <u>9-70-0</u>
A State of the sta		Phone: 919-427-0218
Directions to job site: 27. Kt 5000	a Hill Ch. Hon	Falcon Guail
Lot on Lt at	end.	
Subdivision:		Lot:
Type Construction: (Please Check)		Building Use: (Please Check)
New (Renovation () Addition ()	onfrance	Residential () Modular ()
Moved House () Other ()	0	Commercial () Multi-Family ()
Description of Proposed Work:	Res Med	·
Total Project Cost: 129, 441		
-		
	ling Permit Information	Cons INDIOD
Heated 1626 Crawl Space ()	Building Constr	ruction Cost \$ 100,000
Inheated Slab ()	Acres Disturbed	cson Blud Erwin NC
('MH, Hando	HISLUALI	Address
Byllding Contractor's Company Name	59143	910-891-5171
1. Liko	License #	Telephone
Signature of Officer(s) of Corporation	License #	
Electr	ical Permit Information	950.0
- cream how Flectric to	one /AC	Electrical Cost \$ 850,0
TS Pole: Yes O No O Underground O		
Permanent Service: Underground ()		: Size: 200 Amps
Shacky Service	Pab	Dx 675 Come
Electrical Contractor's Company Name	24742	919-1024 2174
Signature of Officer (s) of Corporation	License #	Telephone
	l	
Insula	tion Permit Information	l e e e e e e e e e e e e e e e e e e e
Residential () Other ()	Not Required ()	
Name	 , 	Address
Insulation Contractor's Company Name		•
T-lhono		
Telephone Mecha Description of Work Install ACure Number	nical Permit Information	1 10 \$1500 00
Description of Work Install ACurit Number	er of Units Type Sys	mechanical Cost \$ 1300,00
\$1 A C	POBOX 6	75 Garrer
Mechanical Contractor's Company Name	1422	Address 779-624-2174
Mediamon Contractor	12130 H	
Signature of Officer(s) of Corporation	License #	Telephone
Plumi	oing Permit Information	:,
· · · · · · · · · · · · · · · · · · ·	nber of BathsPlu	mbing Cost \$ 100.00
Description of A Conference	Pol	30x 264 Ucllew Springs
Thorn Cont.		Address
Plumbing Contractor's Company Name	18550	919-880-5814
The soft of Comparation	License #	Telephone
Signature of Officer(s) of Corporation	1	

Sprinkler System Information

Sprinkler Contractor's Company Name	Address
Contact Person	Telephone
License Number	
<u>Fire Alarm</u>	System Information
Alarm Contractor's Company Name	Address
Contact Person	Contact Person's Signature
License Number	Telephone
Drive	eway Access
NC Department of Transportation Driveway Acces	ss/Permit? Yes No
that the construction will conform to the regulation	the above contractors I certify it is my responsibility to any changes. $\frac{9-10-0}{2}$

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

The undersig	ned applicant for Building Permit # being the
· · · · · · · · · · · · · · · · · · ·	Contractor
	Owner
	Officer/Agent of the Contractor or Owner
	nfirm under penalties of perjury that the person(s), firm(s) or corporation(s) ne 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.
Central Permi	ig on the project for which this permit is sought it is understood that the itting Department issuing the permit may require certificates of coverage of pensation insurance prior to issuance of the permit and at any time during work from any person, firm or corporation carrying out the work.
Firm name:	CMH Homes
By: Deby	a Cardane
Title: Q	zent
Date: 9-	10-07

Hameti County Planning

HARNETT CO. PLANNING SERVICES

07-02-2007 06;41,48

1./3

	* Each section below to be filled out by whomever performing work. Must be owner or idensed contractor. Address, company name 8 phone must match information on license.		
	Owner's Name:		
Ø	Directions to job site from L		
1	Subdivision:		
	Construction Type: (Please New Moved Renovation Addition		
	Total Project Cost:		
0	Heated SFCrawl Sp Unheated SFSteb ()		
10.	Southern Dag Building Contractor's Comp		

Application # Hernett County Central Permitting PO Box 65 Lishgion, NC 27546 Johnson Names 910.893-7625 Washington

	for Building and Trade Permit	
wher's Name:puthcaw Do	crs & Utility Date: 7-2-07	
Idiosa: P.O. Box 432	Willow Speins Phone: 919-4-22	
irections to job site from Lillington:		
	Lot:	
onstruction Type: (Please Check)	Building Use: (Piease Check)	
New Moved House Renovation Addition Other	Residential Commercial Modular Multi-Family	
tal Project Cost:Description o	of Proposed Work. 10 X 12 DCCK	
eated SFCrawl Space ()	Building Construction Cost \$ /800 = Acres Disturbed Stories	
nheated SFSteb()	Acres Disturbed Stones	
uliring Contractor's Company Name	Building Construction Cost \$ 7800 = Acres Disturbed Stories 919-422-6134 Telephone	
PA BAL 4-32 Willow S	Springs NC. 081505	
Miross) 11/	2.7592 License#	
19 19 Jan 9		
pristure of Owner/Contractor/Officer(s) of Co Election of Work 3 Pole: Yes () No () Underground ()	Orporation Must sign back of form & workers comp	
ascription of Work	Electrical Cost \$	
	thead () Service Size: Amps	
ectrical Contractor's Company Name	Telephone	
dress	License #	
gnature of Officer(s) of Corporation Mocha	 inical Permit information	
escription of Work	1 Mechanical Cost \$	
mber of UnitsType System	Mechanical Cost 5	
echanical Contractor's Company Name	Telephone	
Sdrgg8	License #	
gnature of Officer(s) of Corporation		
Plumb	ping Permit information	
escription of Work	Plumbing Cost \$	
umbing Contractor's Company Name	Telephone	
kirase	License #	
gnature of Officer(s) of Corporation Insulation Permit Informatic	on Residential () Other () Not Required ()	
ulation Contractor's Company Name & Adis	Telenance	

Page 1 of 3

1/07

9108932793

Harnest County Pleasing HARNETT CO PLANNING SERVICES 60-42-35 07-02-2907

2/3

	Application #	8842
	et fill out this portion on information	The state of the s
Sprinkler Contractor's Company Name	Contact & Telephone	
Address	License #	Marie Marie Andrews
Signature of Officer(s) of Corporation Fire Alarm Sys	tem information	
Fire Alarm Contractor's Company Name	Contact & Telephone	
Address	License #	
Signature of Officer(s) of Corporation Drivaway Access - NC Department of Transport	ation Driveway Access/Permic?	Yes No
	- Build Their Own Have	
Please answer the following questions then see a Permit Technic	o Bulld Their Own Home ien to determine if you quality for permit u	inder Owners Exemption.
Questionnaire per G.S. 87-14 Regulations as to is	isue of Building Permits (Memo	savarlable upon réquent)
1. Do you own the land on which this building	will be constructed?	yesno
2. Have you hired or intend to hire an individu the project?	•	ge construction of yes no
3. Do you intend to directly control & supervis	e construction activities?	yesno
4. Do you intend to schedule, contract, or dire be done?	ctly pay for all phases of co	nstruction work to yesno
5. Do you intend to personally occupy the buil following completion of construction and do you creates the presumption under law that you fra	u understand that if you do	not do so, it
Sign & date	hadded of the contract of the	
I hereby certify that I have the authority to make necessand that the construction will conform to the regulation Mechanical codes, and the Harmett County Zoning Oricontractors is correct as known to me and if any charge building and trade plans, Engineering Health permit of my responsibility to notify the Harmett County Central Personal Central Central Personal Central C	ons in the Building, Electrical, if finance. I state the information es occur including listed contract thanges or proposed use change	Plumbing and on the above tors, site plan, is locatify it is all changes.

Page 2 of 3

1/07

PAGE 02

9106832795

Harnett County Planning HARNETT CO. PLANNING SERVICES

08/44/25 07-02-2007

3./3

	Application #
	Affidavit for Worker's Compensation N.C.G.S. 87-14
The undersign	ned applicant for Building Permit # 18042 being the:
	General Contractor Owner
	Officer/Agent of the Contractor or Owner
	ntirm under penalties of parjury that the person(s), firm(s) or corporation(s) performing with in the permit:
4 NA 64-14	Has/have three (3) or more employees and has/have obtained workers' compensation :naurance to cover them.
	Has/nave 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.
Department i	on the project for which this permit is sought it is understood that the Central Permitting saying the permit may require certificates of coverage of worker's compensation in to issuance of the permit and at any time during the permitted work from any person, ation carrying out the work.
Firm Name:	Southern Deeks & Utility BIDGS INC.
Sign/Title:	man BALage of DWNER
Date.	9-10-07

MODULAR



Plan Box Number C-6

Job Name BAKER

Date: 9-11-0

Required Inspections for SFA/SFD

Appl. # 0750018042Valuation \$112.790Sq. Feet 1736

Sequence

10-30	10 _	R* Bldg. Footing
R* Building Foundation Address Confirmation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R* Plumb. Under Slab Four Trade Rough In Four Trade Rough In Four Trade Rough In Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Final Four Trade Final Four Trade Final Four Trade Final Three Trade Final Two Trade Final One Tr	10-30	
Address Confirmation 30-999 Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Final Four Trade Final Four Trade Final Three Trade Final Three Trade Final Three Trade Final Two Trade Final One Trade Final On	20	R* Ruilding Foundation
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