*E tion below to be filled out by performing work. Must be owner or increased contractor. Address, company name & phone must match information on license.

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

1 7 11/2	Date: 24/- Sep - 09
Owner's Name: evri R. Cittle	
	Phone:
Directions to lob site itory Elimitatory	Broadway right at
Cacation light (E.Harvington)	right oil Thomas Kelly K
Subdivision:	Lot: #2B
Copstruction Type: (Please Check) Build	ling Use: (Please Check)
New Moved House	lesidential Commercial Modular Multi-Family
_ Kellovation Addition =	
Total Project Cost: 136,000 Description of Propos	
Build Space M Build	ding Construction Cost \$ /ろし, しつし
Unheated SFSlab () Acre	es Disturbed 14 Stories 172
Homes By VandorbuilT	919-718-2760
'Building Contractor's Company Name	Telephone
3300 Jeff Davis Hay	Sanford NC 43964
Address A. O. A.	License #
Celle of Permiss	
Company of Owner Contractor/Officer(s) of Corporati	ion — Must sign back of form & workers comp
Description of Work 527 Vice Particular Over	Floatrical Cost \$
TS Pole: Yes () No () Underground () Ove	erhead ()
Dormonant Service: Underground (* Overneau (*	Service Size
1/2 Select /The	401-7897540
Homeowned Jekky Little Electrical Contractor's Company Name	Telephone
15801 N. 25 AYE 914 AZ,	25023
Address Address	License #
Del Kett	
Significant of Officer(s) of Corporation	
Necnanical F	Permit Information
Description of Work // INSTALL Number of Units / Type System //	Mechanical Cost \$
Number of Units	o Same a SARWa
Horgeowner Sexfylittle	Telephone
Mechanical Contractor's Company Name	Tolophono
Shave As ABove	License #
Address D d	
Appeal Hotel	
Description of Work Connect all Fix The Number of Baths 2	Permit Information
Description of Work Connect all Fix Tuk	<u> </u>
Number of Baths 2	Plumbing Cost \$
Hameowser Jerzy Little	Sans 18 aBove
Hameowses Setzy Little Plumbing Contractor's Company Name	Telephone
SAME A JABONE	11
Address	License #
FALL KUTTI)	
Signature of Officer(s) of Corporation	A A A A A A A A A A A A A A A A A A A
Insulation Permit Information R	esidential () Other () Not Required ()
	Tolonhone

Application a	#					
		-	 •	_	 	

	est fill out this portion			
Sprinkler Contractor's Company Name	Contact & Telephone	_		
Address	License #	- -		
Signature of Officer(s) of Corporation Fire Alarm Syst	tem Information			
Fire Alarm Contractor's Company Name	Contact & Telephone	_		
Address	License #	_		
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Transport	tation Driveway Access/Permit? Yes	No		
Homeowners Applying t Please answer the following questions then see a Permit Technici	O Build Their Own Home ian to determine if you qualify for permit under Owne	ers Exemption.		
Questionnaire per G.S. 87-14 Regulations as to Is	ssue 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 individu the project?	al to superintend and manage con	struction of		
3. Do you intend to directly control & supervis	e construction activities? yes	no		
4. Do you intend to schedule, contract, or dire be done?	ectly pay for all phases of construct yes	ion work to		
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 necessand that the construction will conform to the regulat Mechanical codes, and the Harnett County Zoning Or contractors is correct as known to me and if any chang building and trade plans, Environmental Health permit my responsibility to notify the Harnett County Central Positional Processing of Corporation	ions in the Building, Electrical, Plumbin dinance. I state the information on the ges occur including listed contractors, site changes or proposed use changes, I cert ermitting Department of any and all changes.	g and above plan, ify it is		

Application	#	
• •		

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

The undersigne	ed applicant for Building Permit #	being the:
	General Contractor	
	Officer/Agent of the Contractor or Owner	
	Officer/Agent of the Contractor or Owner	
Do hereby conf the work set for	firm under penalties of perjury that the person(s), firn th in the permit:	n(s) or corporation(s) performing
	Has/have three (3) or more employees and has/have compensation insurance to cover them.	e obtained workers'
	Has/have one (1) or more subcontractors(s) and has compensation insurance to cover them.	/have obtained workers'
	Has/have one (1) or more subcontractors(s) who has workers' compensation insurance covering themselv	
	Has/have not more than two (2) employees and no s	ubcontractors.
Department iss insurance prior	on the project for which this permit is sought it is undersuing the permit may require certificates of covers to issuance of the permit and at any time during the pon carrying out the work.	age of worker's compensation
Sign/Title:	relate Homean	w-
Date:	79-24-09	

FOFF FRAME MODULAR

Plan Box Number FILE

Job Name LITTLE

Date: 10-23-19

Required Inspections for SFA/SFD

Appl. # <u>9 9 5 0 0 2 2 9 2 9</u>
Valuation # 111, 881
Sq. Feet 1722

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 7	R* Insulation 2
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
999	One Trade Final > 2500
999	Envir. Operations Permit