

* 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 # 0850020814
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

SCANNED
10/14/08
DATE

Application for Residential Building and Trades Permit

Owner's Name: Baker Builders & Consultants Date: 10/14/08
Site Address: 1465 Neills Creek Rd Phone: 910-814-2207
Directions to job site from Lillington: North on Hwy 210, Left ON TRAPP Rd, 1/2 mile to 295, clear lot on left
Subdivision: Circle G Farms Lot: 1
Description of Proposed Work: Moved House #Bedrooms: 3
Heated SF 1050 Unheated SF _____ Finished Rec Room? _____ Crawl Space Slab ()

General Contractor Information

BAKER Builders & Consultants 910-814-2207
Building Contractor's Company Name Telephone
1465 Neills Creek Rd Lillington NC, 33249
Address License #
[Signature] Must sign & fill out second page

Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work Service Change Service Size: 200 Amps TPole no
Banny Lewis Electric Inc. 919-639-4589
Electrical Contractor's Company Name Telephone
19370 NC 210 East Angier NC 18154-L
Address License #
[Signature]

Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work New Heating & Cooling System
Banny Lewis Electric Inc. 919-639-4589
Mechanical Contractor's Company Name Telephone
19370 NC 210 East Angier NC. 22070
Address License #
[Signature]

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ # Baths 2 1/2
Cleanwater Plumbing 919-237-7183
Plumbing Contractor's Company Name Telephone
2512 Win Rd. Garner, N.C. 20025
Address License #
[Signature]

Signature of Officer(s) of Corporation

Insulation Permit Information

TATUM 661-0999
Insulation Contractor's Company Name & Address Telephone

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? yes no
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 be done? yes 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

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 any changes occur including listed contractors, site plan, number of bedrooms, 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.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

J. H. Baker
Signature of Owner/Contractor/Officer(s) of Corporation

10/14/08
Date

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

The undersigned applicant 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 three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no 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.

Company or Name: Baker Builders & Consultants Inc.

Sign w/Title: *J. H. Baker* Date: 10/14/08

DECK

Plan Box Number FILE

Job Name BAKER

Date: 6-9-09

Required Inspections for SFA/SFD

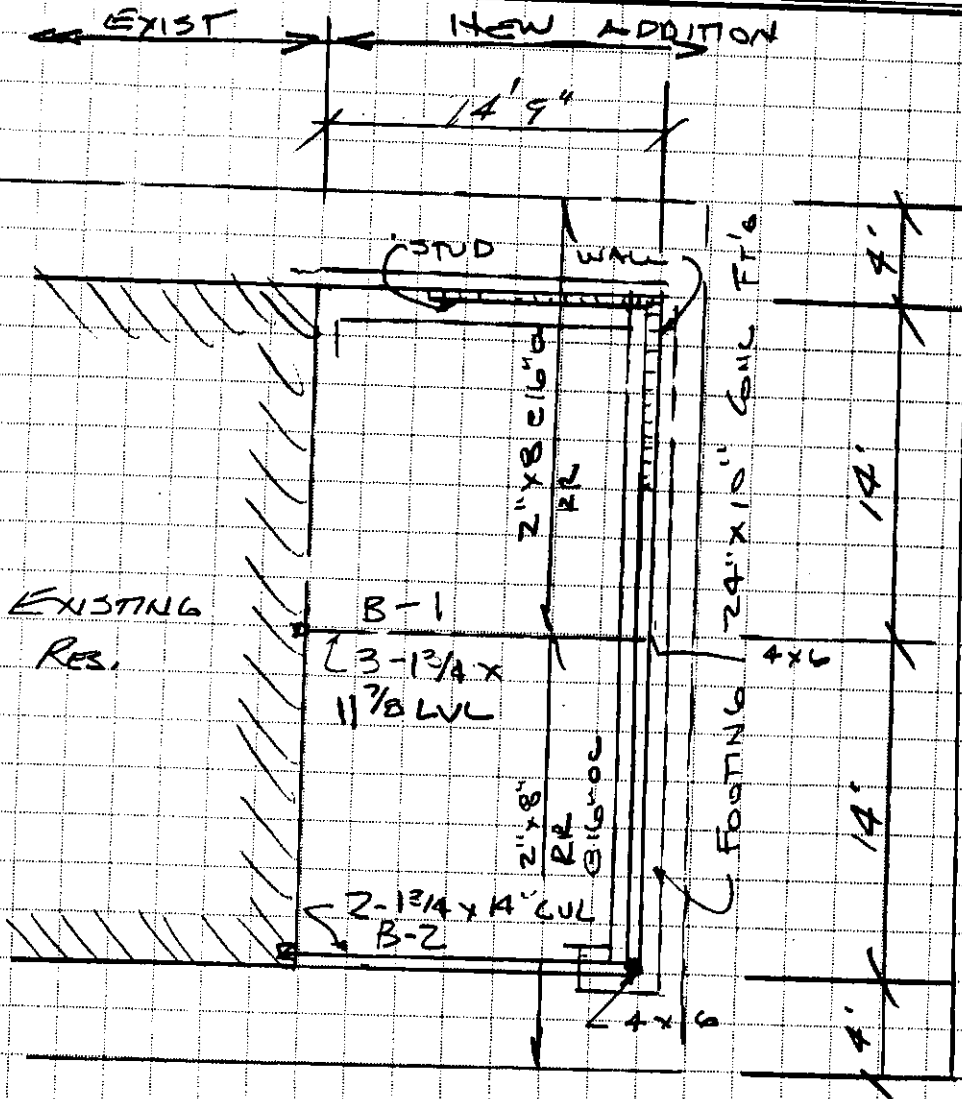
08
Appl. # 09 500 208 14
Valuation 4,019
Sq. Feet 234

Sequence

- | | | |
|--------|-----------------|-----------------------------|
| 10 | <u>✓</u> | R* Bldg. Footing |
| 10-30 | <u> </u> | R* Elec. Temp Service Pole |
| 20 | <u> </u> | R* Building Foundation |
| 20 | <u> </u> | Address Confirmation |
| 30-999 | <u> </u> | Open Floor |
| 30-999 | <u> </u> | R* Bldg. Slab Insp. |
| 30-999 | <u> </u> | R* Elec. Under Slab |
| 30-999 | <u> </u> | R*Plumb. Under Slab |
| 40 | <u> </u> | Four Trade Rough In |
| 40 | <u> </u> | Four Trade Rough In > 2500 |
| 40 | <u> </u> | Three Trade Rough In |
| 40 | <u> </u> | Three Trade Rough In > 2500 |
| 40 | <u> </u> | Two Trade Rough In |
| 40 | <u> </u> | Two Trade Rough In > 2500 |
| 40 | <u> </u> | One Trade Rough In |
| 40 | <u> </u> | One Trade Rough In > 2500 |
| 50 | <u> </u> | R* Insulation |
| 60 | <u> </u> | Four Trade Final |
| 60 | <u> </u> | Four Trade Final > 2500 |
| 60 | <u> </u> | Three Trade Final |
| 60 | <u> </u> | Three Trade Final > 2500 |
| 60 | <u> </u> | Two Trade Final |
| 60 | <u> </u> | Two Trade Final > 2500 |
| 60 | <u>✓</u> | One Trade Final |
| 60 | <u> </u> | One Trade Final > 2500 |
| 999 | <u>✓</u> | Envir. Operations Permit |

MASSENGILL ASSOCIATES, P.A.
 Consulting Engineering
 Design And Project Management
 116 East Main Street P.O. Box 695
 BENSON, NORTH CAROLINA 27504-0695
 (919)-894-2071 FAX (919)-894-7288

JOB BAKER CARPORT ROOF
 SHEET NO. 5-1 OF 5-5
 CALCULATED BY [Signature] DATE _____
 CHECKED BY _____ DATE _____
 SCALE _____



PLAN

SUMMARY: THE ATTACHED CALCULATIONS INDICATE THE ROOF BEAMS & FOUNDATIONS ARE ADEQUATE TO SUPPORT THE LIVE & DEAD LOAD IAW THE N.C. BUILDING CODE

[Signature]
 7-6-09

MASSENGILL ASSOCIATES, P.A.
116 EAST MAIN STREET, P.O. BOX 695
BENSON, NORTH CAROLINA 27504-695

SHEET NO. 2 OF 5

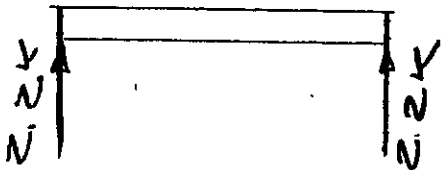
DATE: -- -- 2008 9

PHONE: 919-894-2071 FAX: 919-894-7288

STRUCTURAL DESIGN CALCULATIONS: PROJECT: BAKER CARPORT ROOF

CONSIDER: CEILING BM B- 1

SPAN: 14'-5" (L)



LIVE LOADS:

ROOF: _____ PSF _____ FT = _____

CEILING: 10 PSF 14 FT = 140

FLOOR: _____ PSF _____ FT = _____

_____ PSF _____ FT = _____

_____ PSF _____ FT = _____

TOTAL LIVE LOAD = _____

DEAD LOADS:

ROOF: _____ PSF _____ FT = _____

CEILING 10 PSF 14 FT = 140

FLOOR: _____ PSF _____ FT = _____

WALL: _____ PSF _____ FT = _____

_____ PSF _____ FT = _____

EQUIVALENT UNIFORM LOAD: _____ FT = _____

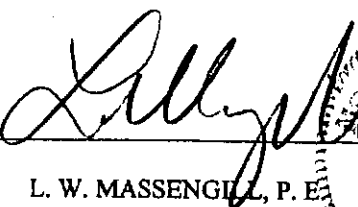
BEAM WT. = 20

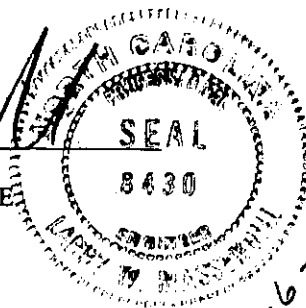
TOTAL DESIGN LIVE AND DEAD LOADING = 300 LBS./LF

USE BEAM TYPE: 3-1³/₄ x 11⁷/₈ OR

_____ OR

BY:


L. W. MASSENGILL, P. E.



7-6-07

MASSENGILL ASSOCIATES, P.A.
116 EAST MAIN STREET, P.O. BOX 695
BENSON, NORTH CAROLINA 27504-695

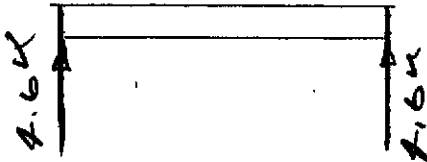
SHEET NO. 3 OF 5
DATE: -- -- 2008 9

PHONE: 919-894-2071 FAX: 919-894-7288

STRUCTURAL DESIGN CALCULATIONS: PROJECT: BAKER CARPORT ROOF

CONSIDER: CARPORT EAVE BM B- Z

SPAN: 14'-5" (L)



LIVE LOADS:

ROOF: 20 PSF 18 FT = 360

CEILING: 10 PSF 7 FT = 70

FLOOR: PSF FT =

 PSF FT =

 PSF FT =

TOTAL LIVE LOAD = 430

DEAD LOADS:

ROOF: 7 PSF 18 FT = 120

CEILING 10 PSF 7 FT = 70

FLOOR: PSF FT =

WALL: PSF FT =

 PSF FT =

EQUIVALENT UNIFORM LOAD: FT =

BEAM WT. = 15

TOTAL DESIGN LIVE AND DEAD LOADING = 635 LBS/LF

USE BEAM TYPE: 2-1 3/4 x 14" LVL OR

OR

BY:

A handwritten signature in black ink, appearing to read 'L. W. Massengill', written over a horizontal line.

L. W. MASSENGILL, P. E.



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u

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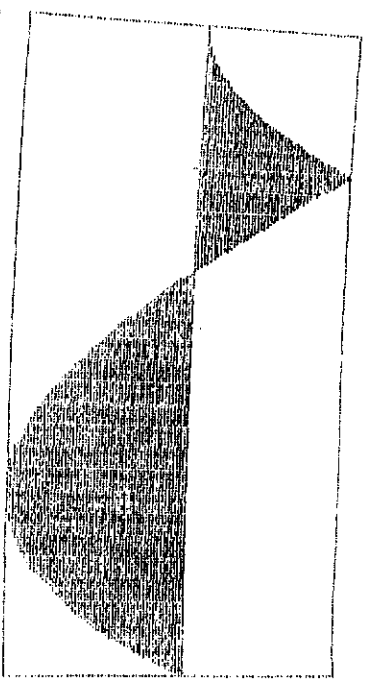
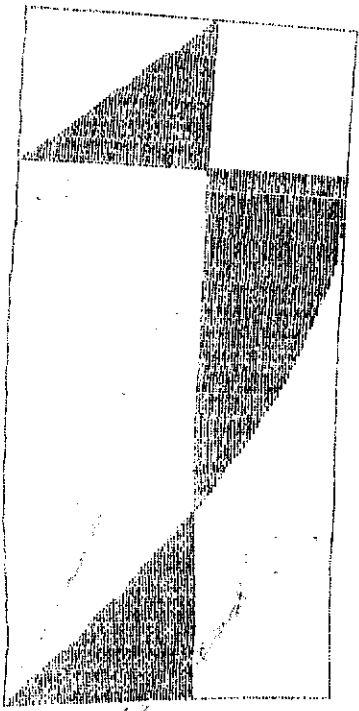
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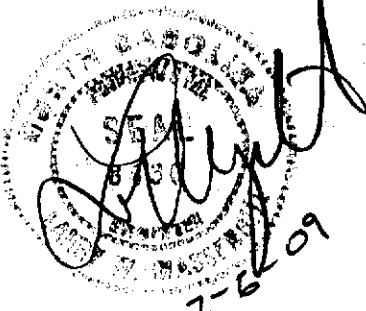
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Massingill Associates, P.A.
 116 E. Main Street
 Benson, N.C. 27504
 Phone (919) 894-2071