

whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 1150027932  
Town of Erwin Building Inspections  
PO Box 459 Erwin, NC 28339

910-897-5648 Fax 910-897-5543 phodges@erwin-nc.org

**Application for Residential Building and Trades Permit**

Ref # 1150020129  
for Tank

Owner's Name: ROBERT + MELODY JENKINS Date: \_\_\_\_\_

Site Address: 550 ANTIACH CH. RD. DUNN, NC Phone: 910-292-0215

Directions to job site from Lillington: 421 TOWN PT ON 13<sup>th</sup> ST LEFT  
WES BRYANT TURNS INTO ANTIACH CH. RD. JOB SITE ON  
RIGHT JUST PAST ANTIACH CHURCH

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: New Home #Bedrooms: 3

Heated SF 1581 Unheated SF 612 Finished Rec Room? 363 Crawl Space  Slab ( )

**General Contractor Information**

A.C. Loe Construction, LLC 919-795-9813  
Building Contractor's Company Name Telephone

915 Juniper Rd. Four Oaks NC 68321  
Address License #

[Signature] Must sign & fill out second page  
Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Permit Information**

Description of Work Rough & final New Service Size: 200 Amps TPole:  yes  no

R.A. Jackson Electric 919-730-1251  
Electrical Contractor's Company Name Telephone

9261 Raleigh Rd. Benson NC 21144  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Mechanical/HVAC Permit Information**

Description of Work New House

Jim Hill 919-796-9110  
Mechanical Contractor's Company Name Telephone

412 Lazy Branch Rd. 27504 31005  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New house # Baths \_\_\_\_\_

B.R. Tyndall Plumbing 919-227-9875  
Plumbing Contractor's Company Name Telephone

2635 Bailey's crossroads Benson 30259  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Tatum Insulation 519 Old Drug Store Rd. Garner, NC 27529  
Insulation Contractor's Company Name & Address Telephone

919-661-0999

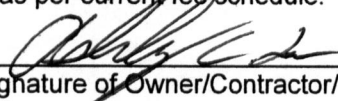
### Homeowners Applying to Build Their Own Home

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 Town of Erwin 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 Town of Erwin Building Inspections 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.

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

11/23/11  
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: A. C. Lee Construction, LLC

Sign w/Title:  Manager    Date: 11/23/11

343 Shippway Dr  
Garnet Me  
18644

Plan Box # 05

Date 11-23-11

Job Name Jenkins

App # 1150027932

Valuation 166067

SQ Feet 2556

**Inspections for SFD/SFA**

Crawl

Slab

Mono

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 \_\_\_\_\_

>2500 \_\_\_\_\_

>2500 \_\_\_\_\_

Foundation Survey \_\_\_\_\_

Envir. Health

Other \_\_\_\_\_

**Additions / Other**

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Open Floor \_\_\_\_\_

Rough In \_\_\_\_\_

Insulation \_\_\_\_\_

Final \_\_\_\_\_

1581  
363  
612