

* 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 # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit

Owner's Name: STEVE & CHARITY SMITH Date: 03/23/07

Address: 559 TILGHMAN RD. COATS NE 27521 Phone: (919) 894-4509

Directions to job site from Lillington: Go 27 Highway to Red Hill Church go Right Rd. Then on to Tilghman Rd then Left on Apple Jack Lane.

Subdivision: Bentley Woods Lot: 4

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

Total Project Cost: 100,000 Description of Proposed Work: House

General Contractor Information

Heated SF 1650 Crawl Space Slab () Building Construction Cost \$ _____
Unheated SF _____ Acres Disturbed _____ Stories 1.5

John L. Byrd 919-894-4509
Building Contractor's Company Name Telephone
P.O. Box 331 34614
Address License #

COATS, NE 27521

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

Electrical Permit Information

Description of Work HOUSE Electrical Cost \$ \$3500.00
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground Overhead () Service Size: 200 Amps

OWNER 919-894-4509
Electrical Contractor's Company Name Telephone
559 Tilghman Rd. Coats, NE 27521 NONE
Address License #

Steve Smith
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New Construction
Number of Units 1 Type System Heat Pump Mechanical Cost \$ 6,000.00

OWNER 919-894-4509
Mechanical Contractor's Company Name Telephone
Address License # NONE

Steve Smith
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New Construction
Number of Baths 2 Plumbing Cost \$ 6,000.00

Steve Smith
Plumbing Contractor's Company Name Telephone
Address License # NONE

Steve Smith
Signature of Officer(s) of Corporation

Insulation Permit Information Residential Other () Not Required ()

OWNER
Insulation Contractor's Company Name & Address Telephone

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

The undersigned applicant for Building Permit # _____ 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 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.

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: Steve Smith

Sign/Title: _____

Date: 03/13/2007

Plan Box Number H-4

Job Name JOHN BYRD

Date: 3-26-87

Required Inspections for SFA/SFD

Appl. # 855001854
Valuation \$106,355
Sq. Feet 1640

Sequence

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

Plan Box Number H-4

Job Name JOHN BYRD

Date: 4-12-07

Required Inspections for SFA/SFD

Appl. # 055001854
Valuation \$106,555
Sq. Feet 1640

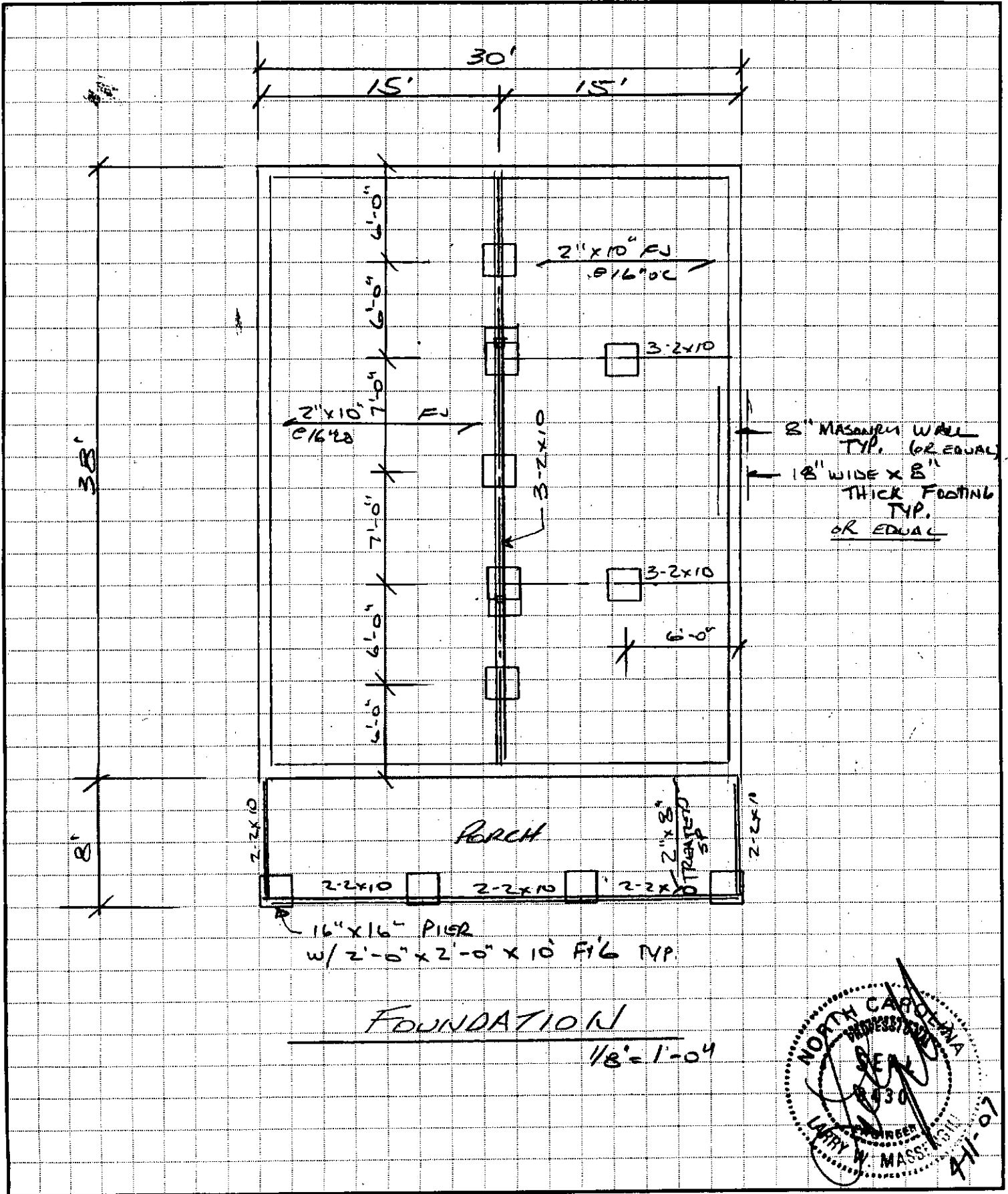
Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit

MASSENGILL ASSOCIATES, P.A.

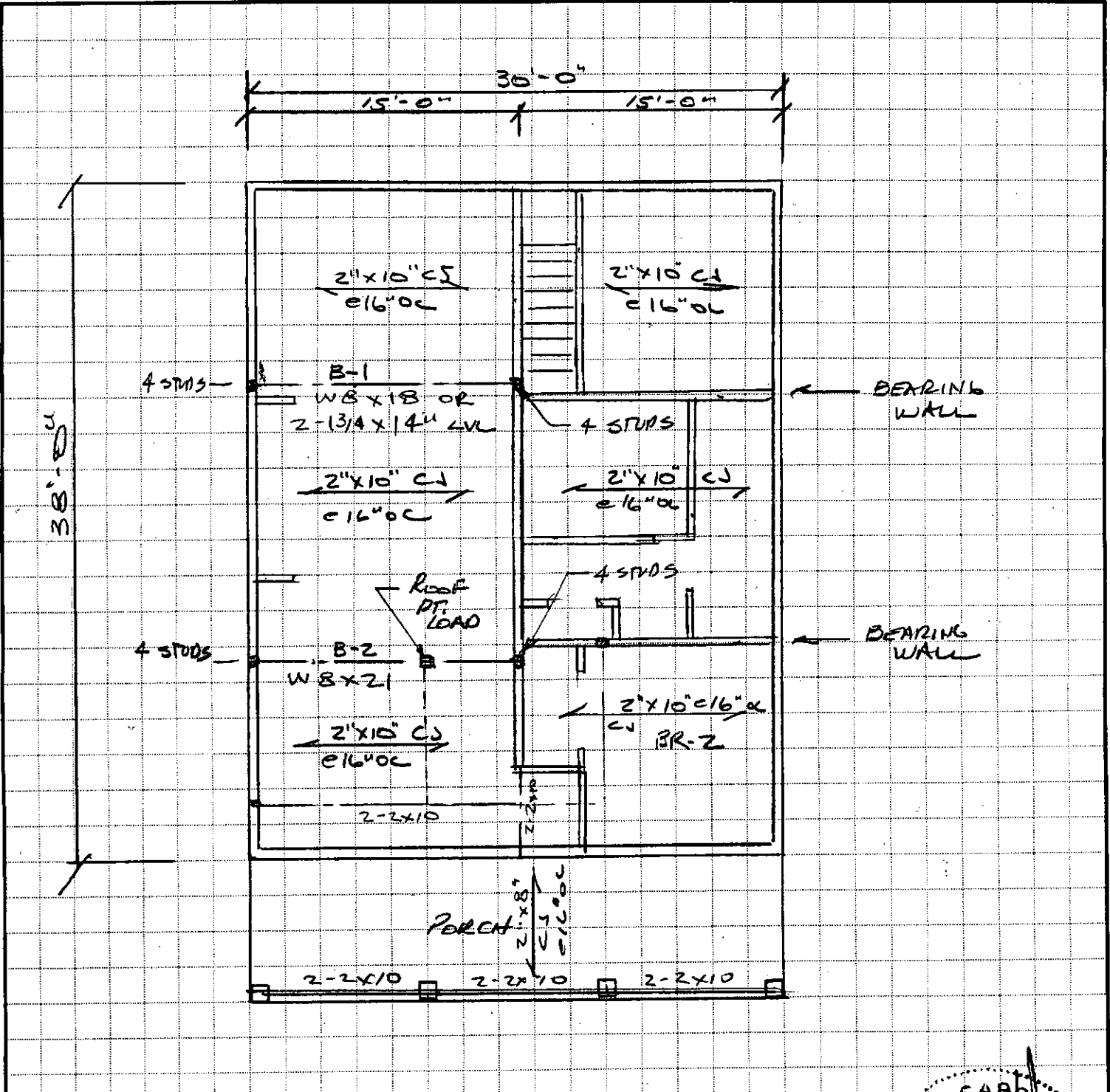
Consulting Engineering
Design And Project Management
116 East Main Street P.O. Box 695
BENSON, NORTH CAROLINA 27504-0695
(919)-894-2071 FAX (919)-894-7288

JOB JOHN BYRD - SMITH JOB
SHEET NO. 5-1 OF 5-6
CALCULATED BY M. J. Gill DATE 4-11-07
CHECKED BY _____ DATE _____
SCALE 05 11854

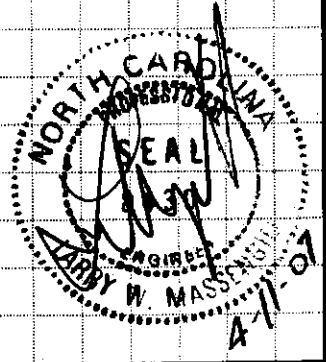


MASSENGILL ASSOCIATES, P.A.
 Consulting Engineering
 Design And Project Management
 116 East Main Street P.O. Box 695
 BENSON, NORTH CAROLINA 27504-0695
 (919)-894-2071 FAX (919)-894-7288

JOB JOHN BYRD SMITH JOB
 SHEET NO. 5-2 OF 5-6
 CALCULATED BY [Signature] DATE 4-11-07
 CHECKED BY _____ DATE _____
 SCALE _____



FIRST FLOOR PLAN
 1/8" = 1'-0"



MASSENGILL ASSOCIATES, P.A.

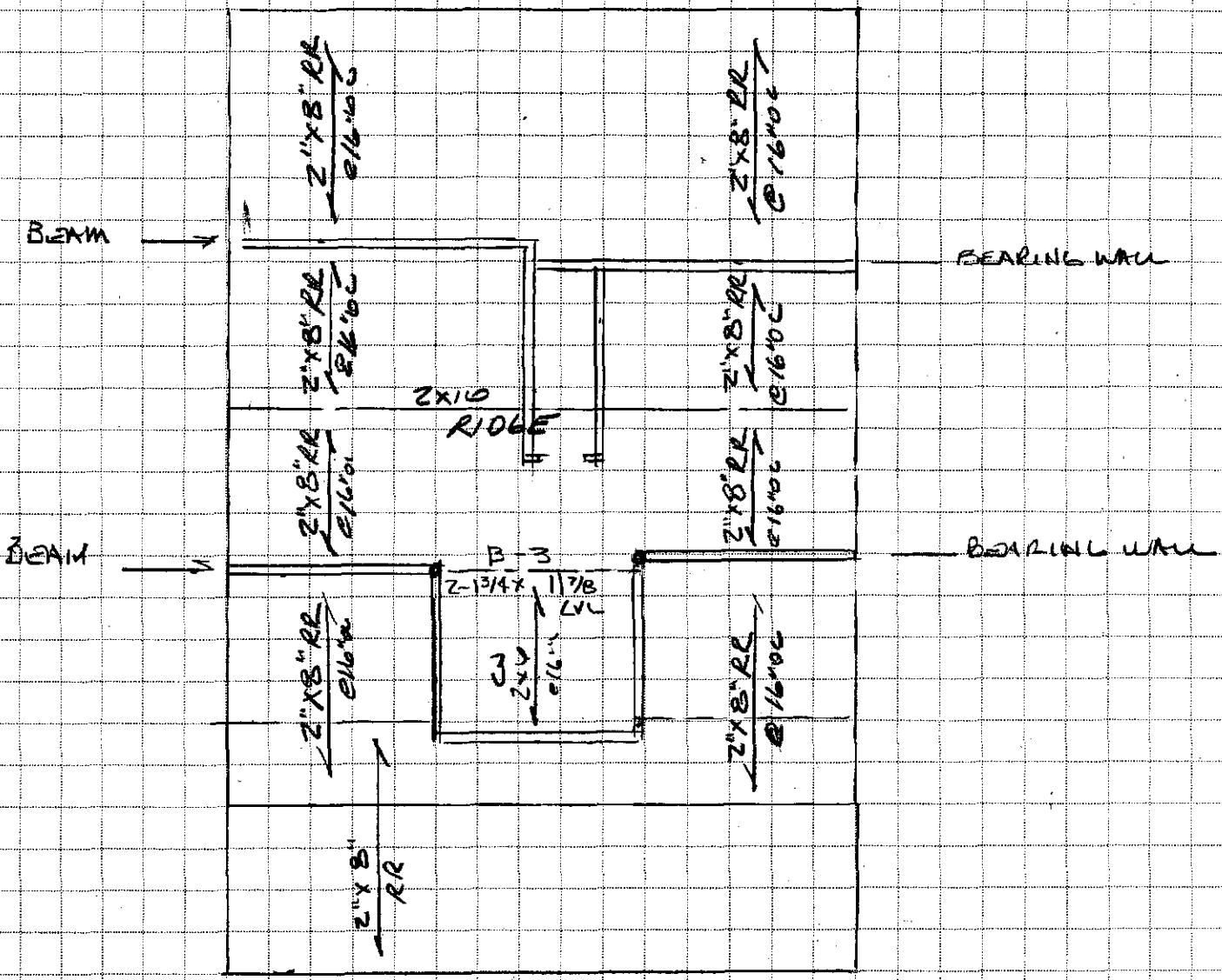
Consulting Engineering
Design And Project Management

116 East Main Street P.O. Box 695

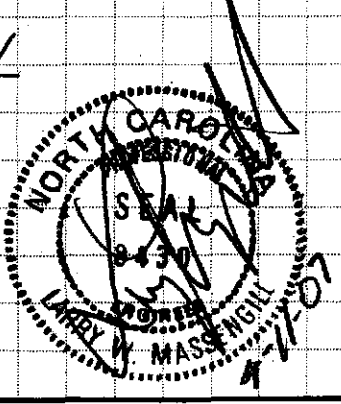
BENSON, NORTH CAROLINA 27504-0695

(919)-894-2071 FAX (919)-894-7288

JOB JOHN BYRD - SMITH JOB
SHEET NO. 5-3 OF 5-6
CALCULATED BY [Signature] DATE 4-11-07
CHECKED BY _____ DATE _____
SCALE _____

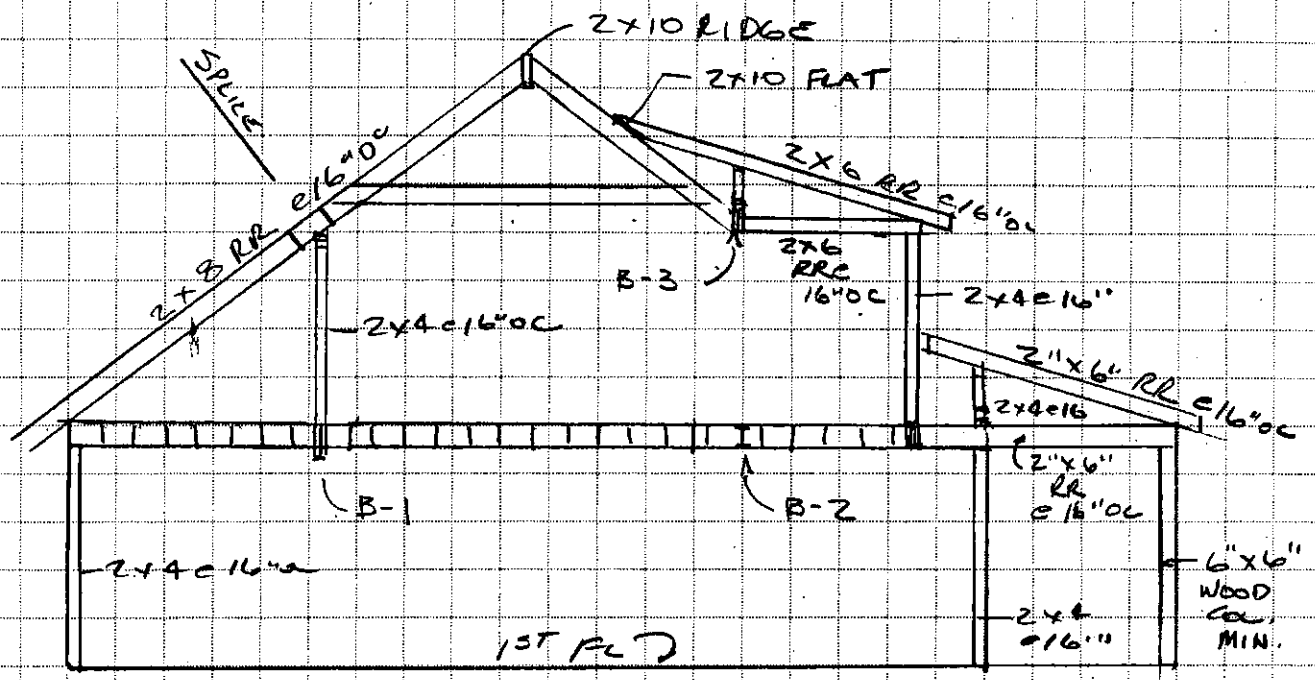


ROOF FRAMING PLAN
1/8" = 1'-0"

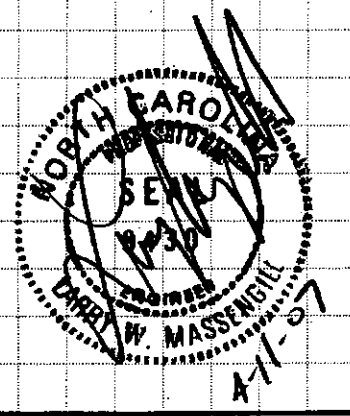


MASSENGILL ASSOCIATES, P.A.
Consulting Engineering
Design And Project Management
116 East Main Street P.O. Box 695
BENSON, NORTH CAROLINA 27504-0695
(919)-894-2071 FAX (919)-894-7288

JOB JOHN BYRD - SMITH JOB
SHEET NO. 3-4 OF 5-6
CALCULATED BY [Signature] DATE 4-11-07
CHECKED BY _____ DATE _____
SCALE _____



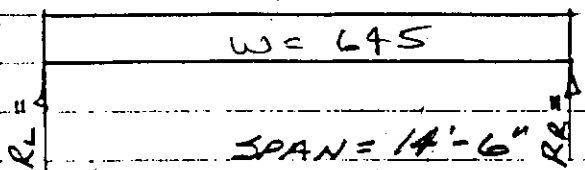
SECTION
18'-1"-0"

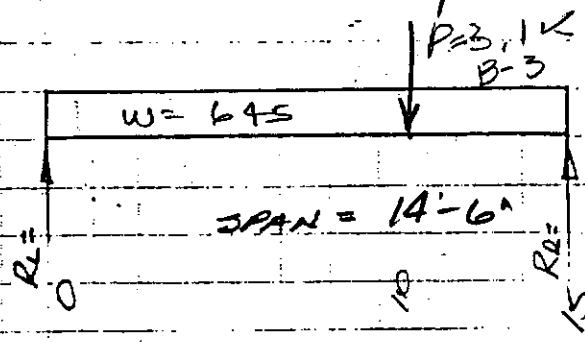


MASSENGILL ASSOCIATES, P.A.

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

JOB John Byrd Smith RESIDENCE
 SHEET NO. 3-5 OF 3-6
 CALCULATED BY L.W. MASSENGILL DATE 4-11-07
 CHECKED BY _____ DATE _____
 SCALE _____

<u>CONSIDER / DINING / KIT.</u>		<u>B-1</u>	<u>TOTAL</u>
<u>CEILING</u>		<u>LIVE LOADS:</u>	
		ROOF 14' x 20	280
		C 8' x 10	80
		<u>DEAD LOADS:</u>	
		ROOF 14' x 10	140
		C 8' x 10	80
		WALL 9' x 5	45
		<u>BEAM WT:</u>	20
			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> USE: W 8 x 18 OR 2 - 1 3/4 x 14 LVL </div>		<u>DESIGN LOADING</u>	645

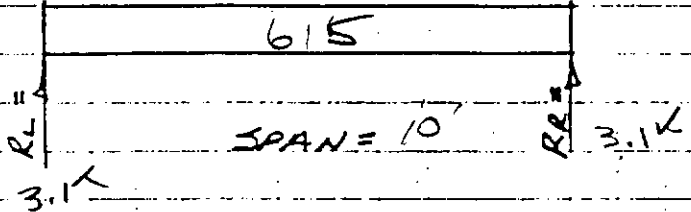
<u>CONSIDER / LIVING ROOM</u>		<u>B-2</u>	<u>TOTAL</u>
<u>Center</u>		<u>LIVE LOADS:</u>	
		ROOF 14' x 20	280
		C 8' x 10	80
		<u>DEAD LOADS</u>	
		ROOF 14' x 10	140
		C 8' x 10	80
		WALL 5' x 9	45
		<u>BEAM WT:</u>	20
			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> USE: W 8 x 21 </div>			
			645



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

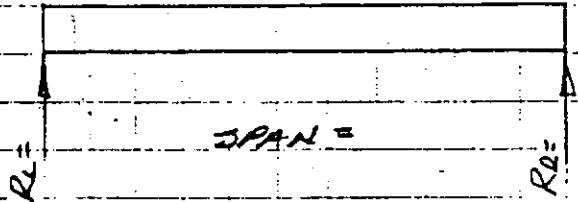
JOB JOHN BYRD SMITH RESIDENCE
 SHEET NO. 5-6 OF 5-6
 CALCULATED BY L.W. MASSENGILL DATE 4-11-07
 CHECKED BY _____ DATE _____
 SCALE _____

<u>CONSIDER /</u> <u>2ND FLOOR FRONT</u> <u>B-3</u>		<u>TOTAL</u>
<u>DORMER HEADER</u> <u>LIVE LOADS:</u>		
	R 12' x 20	240
	C 12' x 10	120
<u>DEAD LOADS:</u>		
	R 12' x 10	120
	C 12' x 10	120
<u>BEAM WT:</u>		15
<u>DESIGN LOADING</u>		615



USE: 2-1 3/4 x 11 7/8 LVL

<u>CONSIDER /</u> _____ <u>B-4</u>		<u>TOTAL</u>
<u>LIVE LOADS:</u>		
<u>DEAD LOADS</u>		
<u>BEAM WT:</u>		
<u>DESIGN LOADING</u>		



USE: _____

