

Application for Building and Trade Permit

Owner's Name: Billings Construction Inc. Date: 12-20-05
 Address: 1002 CRAIG Chapel Hill, NC 27517 Phone: 919-795-9464
 Directions to job site: _____

Subdivision: Victoria Hills II Lot: 146
 Type Construction: (Please Check)
 New Renovation Addition
 Moved House Other Building Use: (Please Check)
 Residential Modular
 Commercial Multi-Family
 Description of Proposed Work: NEW CONSTRUCTION
 Total Project Cost: _____

Building Permit Information

Heated 1854 Crawl Space
 Unheated 764 Slab
 Building Construction Cost \$ 185,000.00
 Acres Disturbed _____ Stories _____
 Address 1002 CRAIG Chapel Hill, NC 27517
 Building Contractor's Company Name _____
William S. Billings License # 53127 Telephone 919-795-9464
 Signature of Officer(s) of Corporation _____

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
 TS Pole: Yes No Underground Overhead
 Permanent Service: Underground Overhead Service Size: _____ Amps
MB Electrical Service Address 345 Lafayette Blvd. Fuquay-Varina, NC 27526
 Electrical Contractor's Company Name _____
Michael Brister License # 25921-SP-SFD Telephone _____
 Signature of Officer(s) of Corporation _____

Insulation Permit Information

Residential Other Not Required
Insulating Inc. Address 1212 Home Court, Raleigh, NC 27603
 Insulation Contractor's Company Name _____
919-772-9000 Telephone _____

Mechanical Permit Information

Description of Work _____ Number of Units _____ Type System _____ Mechanical Cost \$ _____
Jernigans Heating & Cooling Address 22 Hickory Tree Ln. Angier, NC 27501
 Mechanical Contractor's Company Name _____
Steve Jernigan License # 19342 Telephone 910-897-5217
 Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work _____ Number of Baths _____ Plumbing Cost \$ _____
Frank Griffin Address 436 old mill Rd. Fuquay-Varina, N.C.
 Plumbing Contractor's Company Name _____
Frank Griffin License # 7159 Telephone 919-552-4606
 Signature of Officer(s) of Corporation _____

Sprinkler System Information

Sprinkler Contractor's Company Name _____ Address _____
Contact Person _____ Telephone _____
License Number _____

N/A

Fire Alarm System Information

Alarm Contractor's Company Name _____ Address _____
Contact Person _____ Contact Person's Signature _____
License Number _____ Telephone _____

N/A

Driveway Access

NC Department of Transportation Driveway Access/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 in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

William S. Bellamy
Signature of Owner/Contractor/Officer(s) of Corporation

12-20-05
Date

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

The undersigned applicant for Building Permit # _____ being the

_____ 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 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.

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 workers' 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: Billings Construction, Inc.

By: William S. Billings

Title: President

Date: 12-20-05

BILLINGS
CONSTRUCTION

Required Inspections for SFA/SFD

Appl # (0650013790))-19-00
Valuation \$152,228
Sq. Ft 2343

<u>Seq</u>	
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*Bldg Foundation
20	<input checked="" type="checkbox"/> Address Confirmation
30-999	<input type="checkbox"/> R*Open Floor
30-999	<input type="checkbox"/> R*Bldg Slab Insp
30-999	<input type="checkbox"/> R*Elec Under Slab
30-999	<input type="checkbox"/> R*Plumb under Slab
30-999	<input type="checkbox"/> R*Bldg Water/Damp Proofing
40	<input checked="" type="checkbox"/> Four Trade Rough In
40	<input type="checkbox"/> Four Trade Rough In > 2500
40	<input type="checkbox"/> Three Trade Rough In
40	<input type="checkbox"/> Three Trade Rough In > 2500
40	<input type="checkbox"/> Two Trade Rough In
40	<input type="checkbox"/> Two Trade Rough In > 2500
40	<input type="checkbox"/> One Trade Rough In
40	<input type="checkbox"/> One Trade Rough In > 2500
50	<input checked="" type="checkbox"/> R*Insulation Inspection
60	<input checked="" type="checkbox"/> Four Trade Final
60	<input type="checkbox"/> Four Trade Final > 2500
60	<input type="checkbox"/> Three Trade Final
60	<input type="checkbox"/> Three Trade Final > 2500
60	<input type="checkbox"/> Two Trade Final
	<input type="checkbox"/>

<u>Seq</u>	
60	<input type="checkbox"/> Two Trade Final > 2500
60	<input type="checkbox"/> One Trade Final
60	<input type="checkbox"/> One Trade Final > 2500
999	<input checked="" type="checkbox"/> Envir. Operations Permit