Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

14967

Application	on for	Building	and Trac	de Perr	<u>nit</u>		
and the second of the second o		نساتير	10		Date:	6-	14-06
Address: 630 Gradin	10	Hilling	to Me	A STATE OF THE PARTY OF	Phone:	910-	851-5
Directions to job site: Hww 27	wes	7 700	s on 1	7546	NULS	ery	7.6.
Address: 630 Grading Directions to job site: Huy 27 Weld Shirs Drive A	07	141	on	RIGI	<u> </u>		<u></u>
Subdivision: wood shire					Lot:	141	
Construction Type: (Please Check)	-	Building	<u> Use:</u> (P	lease C	heck)		
New		Resi	idential				
Renovation		Mod	ular				
Addition			mercial				
Moved House		Mult	i-Family				
Other							
Description of Proposed Work:							
Total Project Cost: 150,000							
<u>Bı</u>		Permit I					
Heated SF 27/5 Crawl Space		Building	g Constru	iction C	ost \$ 🗘	541	200
Unheated SF Slab ()		Acres D					s 1/2
CEBCC CONST INC			9/0	- 8	<u> 57 - 5</u>	826	
Building Contractor's Company Name			Telepho	ne			
630 Griffin RD Lillingtes.	nt 2	7546		148.	56		
Address			License				
gar the		· ····································					
Signature of Officer(s) of Carabration	. <u></u>						
Ele	ectrica	l Permit l	nformatic	on			
Description of Work			Electrical				
TS Pole: Yes (-) No () Underground	(4)						
Permanent Service: Underground ()	Overh	ead ()	Service S	ize: 🚄	00		Amps
I'M PURE Elect			410	850	265	٢-	
Electrical Contractor's Company Name 3483 Cameron Prive			Telephor	e			
3483 Cameron Prive				<u> </u>	6		
Address	11		License #	<i>‡</i>			
former M. Pope		_					
Signature of Officer(s) of Corporation							
No.	hania	al Permit	Informat	lan			
Description of Work	-((a))) <u>C</u>	ai Fermit	mormet	<u>roii</u>			
Number of Units Type S	vstem	· · · · · · · · · · · · · · · · · · ·		Mechan	ical Cost	\$	
		-			1- 7		-
Tones + Jones Mechanical Contractor's Company Name	e		Telephon	е			
5217 Marraccope Hope mil	1s re	28348	14/2	43	116	14	
Address / /			License #	ŧ			
akter ames							
Signature of Officer(s) of Corporation							
		<u> Permit l</u>	<u>nformatic</u>	<u>) n</u>			
Description of Work							
Number of Baths			Plumbing				
progressive plumbin	<u>r 7</u>	10	910				
Plumbing Contractor's Company Name		4 4 7 744	Telephon	e _		_	
318 Donn A ST. ST. fo	4/5	me x e s t z		1-2	6 77		
Address			License #	ļ.			
Signature of Officeries of Corporation	-						
Signature of Officer(s) of Corporation							
امم	ulatio	n Permit I	nformati	30			
Residential (+) Other () Not Required		A L AILLING	inviria (R	~11			
Blown RITE	,						
Insulation Contractor's Company Name	•	Address			Ŧ	elepho	ne
· ·- ·- · · · · · · · · · · · · · · · ·					•	-	

Sprinkler System Information Sprinkler Contractor's Company Name Telephone Contact Person Address License # Signature of Officer(s) of Corporation Fire Alarm System Information Fire Alarm Contractor's Company Name Telephone Contact Person Address License # Signature of Officer(s) of Corporation

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.

Driveway Access

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

6-14-06

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

The undersigned	applicant for Building Permit # being the:
Ble aust A + Jerry Co	Contractor
X + Jerry Co	DWING CONS
	Officer/Agent of the Contractor or Owner
	firm under penalties of perjury that the person(s), firm(s) or corporation(s or corporation)
	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.
Permitting Depa compensation ins	on the project for which this permit is sought it is understood that the Central interest in the permit may require certificates of coverage of worker's surance prior to issuance of the permit and at any time during the permitted work, firm or corporation carrying out the work.
Firm Name:	Eble lonst ILL
By/Title:	eaneth Cummy
Data: / ==	_

KENNETH CUMMINES 6./6.06

Required Inspections for SFA/SFD

<u>Seq</u>	
10	R*Bldg Footing
10-30	R*Elec Temp Service Pole
20	R*Bldg Foundation
20	Address Confirmation
30-999	R*Open Floor
30-999	R*Bldg Slab Insp
30-999	R*Elec Under Slab
30-999	R*Plumb under Slab
30-999	R*Bldg Water/Damp Proofing
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	R*Insulation Inspection
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final

Appl #	_	5 5		,	140	76	/
Valuation _ Sq. Ft	4	18	7	83	3	_	
Sq. Ft	_2	2	\mathfrak{I}				
			**				

<u>Seq</u>	
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit