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

Owner's Name: MTG Application for	
Address: 211 March E	Phone: 910 890 10
Directions to job site:	
Subdivision:	/ Lot:
Construction Type: (Please Check)	Building Use: (Please Check)
New	Residential
Renovation	Modular /
Addition	Commercial /
Moved House	_ Multi-Family
Other	_ /
Description of Proposed Work:	<u></u>
Total Project Cost:	
Building	g Permit Information
Heated SF /840 Crawl Space (*)	Building Construction Cost \$
Unheated SF ALD Sigh ().	Acres Disturbed Stories
MJA. Corst. & Homebulles INC	910 893 5377
	Telephone
2830 Sovietill Ch. Rd. Lillaton, A	VG 49542
Address / / C /	/ License #
Michael G. Harmon	/
Signature of Officer(s) of Corporation	· /
Ft 4. t	
<u>Electrica</u> Description of Work	I Permit Information
S Pole: Yes () No () Underground ()	Electrical Cost \$
ermanent Service: Underground () Overh	ded / \ Service Size: A
D2 Electric INC.	#ad () Service Size:Amps
lectrical Contractor's Company Name /	9/9-498-0463 Telephone
po Hidded creek have Lilling	HONNE 24311-L
	License #
Jane S. Sortlet 1	_
Inature of Officer(s) of Corporation	
Machanics	al Permit Information
escription of Work	ar i some internacion
umber of Units Type System	Mechanical Cost \$
brotimo Heating Cooling LLC 1	111 115-1166
echanical Contractor's Company Name	Telephone
2 P. C. 1683 Sanfers No. 27331	23141
tdress 2	License #
und times	_
gnature of Officer(s) of Corporation	
	.
	Permit Information
escription of Work <u>Jamie</u> J. h.s.o.	Diversities O-10
Jamie Johnson Plumbian	Plumbing Cost \$ 5,000,00
umbing Contractor's Company Name	
1591 Old US 421 Lilliantes	Telephone
dess	License #
Jan In	LICE/ISE #
hature of Officer(s) of Corporation	
y	
Insulation I	Permit Information
sidential () Other () Not Required ()	
Ce City Insulation	Fretteville NC. 910 3:9 9305
ulation Contractor's Company Name	Address Telephone



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

The undersigned	ed applicant for Building Permit # <u>UU 5 0013 041 KK</u> being the:
X	_ General Contractor _ Owner _ Officer/Agent of the Contractor or Owner
	ofirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing rth 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.
Department is insurance prior firm or corporal Firm Name:Sign/Title:	on the project for which this permit is sought it is understood that the Central Permitting suing the permit may require certificates of coverage of worker's compensation to issuance of the permit and at any time during the permitted work from any person, tion carrying out the work. M.J.G. Construction & Hombuilders Inc.
Date:	3·23·07

Plan Box Number F-8

Job Name SOUTHEASTERN PROP.

Date: 3-19-07

Required Inspections for SFA/SFD

Appl. # 065001504 | Valuation 4146,252 | Sq. Feet 225 |

Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
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
60	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	Envir. Operations Permit