

Application for Building and Trade Permit

Owner's Name: Shaw Const Co Date: _____
Address: 1248 Bill Shaw Rd Sp. Lake NC Phone: 910 483 2904
Directions to job site: Highway 202 south approx 10 miles Route SR1144 left onto SR1120 left onto Sierra Trail left onto North DeKata left on left

Subdivision: Sierra Village at Over-hills Lot: 3

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

Description of Proposed Work: _____
Total Project Cost: _____

Building Permit Information

Heated SF 2042 Crawl Space () Building Construction Cost \$ 172,400
Unheated SF 759 Slab () Acres Disturbed .344 Stories 2
Shaw Const Co Inc Telephone 910 483 2904
Building Contractor's Company Name Address 1248 Bill Shaw Rd Sp. Lake NC License # 4548
Signature of Officer(s) of Corporation Kenneth A. Shaw

Electrical Permit Information

Description of Work House Wiring Electrical Cost \$ 4100
TS Pole: Yes No () Underground () Overhead ()
Permanent Service: Underground Overhead () Service Size: 200 Amps
Allman Electric Corp Telephone 485 8617
Electrical Contractor's Company Name Address 345 Wilkes Rd Fayetteville License # _____
Signature of Officer(s) of Corporation Shaw Const Co

Mechanical Permit Information

Description of Work Heating & Air Conditioning Mechanical Cost \$ 5100
Number of Units _____ Type System Heat Pump
Holder Heating & Air Conditioning Inc Telephone 892-8897
Mechanical Contractor's Company Name Address 105 E. Edgerton Street Dunn License # _____
Signature of Officer(s) of Corporation James E. Holder

Plumbing Permit Information

Description of Work Plumbing Plumbing Cost \$ 7100
Number of Baths _____
Holder Heating & Air Conditioning Inc Telephone 892-8897
Plumbing Contractor's Company Name Address 105 E. Edgerton Street Dunn License # _____
Signature of Officer(s) of Corporation James E. Holder

Insulation Permit Information

Residential () Other () Not Required ()
Blown Air Ins Address Fay, NC Telephone 483-8191
Insulation Contractor's Company Name

**Affidavit for Worker's Compensation
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 (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: Shaw Const Co

By/Title: President Kene

Date: _____

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

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 including listed contractors, site plan, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Division of any and all changes.

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

Date

6-8-06
SHAW CONST.

Required Inspections for SFA/SFD

Appl # 0650015079
Valuation \$173,539
Sq. Ft 2671

- | <u>Seg</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 checked="" 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 type="checkbox"/> Four Trade Rough In |
| 40 | <input checked="" 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 type="checkbox"/> Four Trade Final |
| 60 | <input checked="" 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 |

- | <u>Seg</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 |