* 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
Phone 910-893-7525 Fax 910-893-2793 www.hamett.org
Application for Building and Trades Permit

 Application for Building and Trades Fernit
Owner's Name: Anthony Fof
Site Address: 270 CobbleStone Drive Phone: 287-2832
Directions to job site from Lillington: Hwy 210 Towards SPRINGLAKE TURN (B) ON RAY RO
TURN @ ON Overhills, TURN @ INTO STENE CROSS
Subdivision: Stanecross Lot: 43
Construction Type: (Please Check) <u>Building Use</u> : (Please Check)
New Moved House X Residential Commercial Renovation Addition Other Modular Multi-Family
Total Project Cost: # 40,000 Description of Proposed Work: Residential
Heated SF 233 Unheated SF 657 Finished Rec Room? Crawl Space (Slab () General Contractor Information Building Cost \$
Caviness Land Development 910-481-0503
Building Contractor's Company Name Telephone
2818 Kactoral Road Hay, NC 28303 8062
 Address License #
Must sign second page & fill out third page Signature of Owner/Contractor/Officer(s) of Corporation
Electrical Permit Information Elec Cost \$ 6000
Description of Work New Const. Service Size: OO Amps #TPoles
Electrical Contractor's Company Name Telephone
345 Wilker Rd. Fay, NC 28306 6136 U
Address License #
Supplying at Officer(a) at Comparation
Signature of Officer(s) of Corporation Mechanical Permit Information Mech Cost \$ 1000.
Pescription of Work New Const. HVAC #Units
Mark Air 484-6565
Mechanical Contractor's Company Name Telephone
PO Box 41104 FAY NC 28309 15874 Addressy License #
Charal Jane
Signature of Officer(s) of Corporation
Plumbing Permit Information Plumb Cost \$ (6500).
Description of Work New Collet # Baths # Baths
Plumbing Contractor's Company Name Telephone
Do Boy 726
Address License #
Shawr ree Xle
Signature of Officer(s) of Corporation Insulation Permit Information
Cumberland Insulation Face NC 28303 424-7118
Insulation Contractor's Company Name & Address Telephone

Application # 06 500 15115

	n Jobs must fill out this portion orkler System Information				
Sprinkler Contractor's Company Name	Contact & Telephone	_			
Address	License #	_			
Signature of Officer(s) of Corporation Fire Alarm System Information					
Fire Alarm Contractor's Company Name	Contact & Telephone	-			
Address	License #	-			
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department	of Transportation Driveway Access/Permit? Yes	No			
	oplying to Build Their Own Home ermit Technician to determine if you qualify for permit under Owne	rs Exemption.			
Questionnaire per G.S. 87-14 Regulatio	ns as to Issue of Building Permits (Memo available	upon request)			
1. Do you own the land on which this	building will be constructed? yes	no			
Have you hired or intend to hire at the project?	n individual to superintend and manage cons				
3. Do you intend to directly control &	supervise construction activities? yes	no			
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? yes no					
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?					
	yes	no			
Sign & date	· · · · · · · · · · · · · · · · · · ·				
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 <u>any</u> 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 Department of any and all changes.					
Signature of Owner/Contractor/Officer(s) of (Composition Date	_			

Application # 06500 15115

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

The undersigned applicant for Building Permit # being the:					
X	_ General Contractor _ Owner _ Officer/Agent of the Contractor o	r Owner			
	firm under penalties of perjury tha	it the person(s), firm(s) or corporation(s) performing		
	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.				
	Has/have one (1) or more subco compensation insurance to cove		ave obtained workers'		
<u>X</u>	Has/have one (1) or more subco workers' compensation insurance				
_	_ Has/have not more than two (2)	employees and no sub	contractors.		
Department is insurance prior	on the project for which this permit suing the permit may require or r to issuance of the permit and at a tion carrying out the work.	ertificates of coverag	e of worker's compensation		
Firm Name:(Paviness Land De	<u>velopment</u>			
Sign/Title:	,	President			
Data Al	palna				

Plan Box Number Required Inspections for \$FA/SFD 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*Rlumb. 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

Job Name Fo FI Date: 10-4-07

Appl. # 06 500 15/15 Valuation # 190, 431 Sq. Feet

12 × 13 4

Cranl

Plan Box Number_

Job Name Anthony Fofi.

Date: 18-5-09

Required Inspections for SFA/SFD

Appl. # 06-500 15 115 Valuation 20088 (220058 Sq. Feet 33830

Sequence

10 10-30 20 20 30-999 30-999	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor 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
50	One Trade Final > 2500
999	Envir. Operations Permit