

BLV
"mme/sk"
00-5001501

Application for Building and Trade Permit

Owner's Name: Jason Price Construction, Inc. Date: 6/19/06
Address: 121 Green Forest Circle Phone: (910) 897-8811
Directions to job site: Highway 27W to Laurel Valley - Right into
Submissions and Nelson 1st Street Third Lot on Right

Subdivision: Laurel Valley Lot: 8

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

Description of Proposed Work: New Home
Total Project Cost: \$150,000

Building Permit Information

Heated SF 2768 Crawl Space () Building Construction Cost \$ 150,000
Unheated SFs 26 Slab (x) Acres Disturbed _____ Stories 2
Jason Price Construction, Inc. Telephone (910) 897-8811
Building Contractor's Company Name Address 121 Green Forest Circle Dunn, NC License # 50859
Address _____
Signature of Officer(s) of Corporation _____

Electrical Permit Information

Description of Work New Home Electrical Cost \$ 7,000
TS Pole: Yes (x) No () Underground (x) Overhead ()
Permanent Service: Underground (x) Overhead () Service Size: 200 Amps
Maida Electric LLC Telephone (910) 897-6216
Electrical Contractor's Company Name Address 34 Eagle Rd. License # 23491L
Address _____
Signature of Officer(s) of Corporation Thomas M. Maida

Mechanical Permit Information

Description of Work New Home
Number of Units 1 Type System HVAC Mechanical Cost \$ 7,000
Warren Heating & Cooling, Inc. Telephone (910) 892-3197
Mechanical Contractor's Company Name Address 1001 Penwood Dr. Erwin, NC 28339 License # 03136 H-1, H-2, H-3
Address _____
Signature of Officer(s) of Corporation Michael D. Whitell

Plumbing Permit Information

Description of Work New Home
Number of Baths 2.5 Plumbing Cost \$ 7,000
Glenn Contract Plumbing, LLC Telephone 919-868-0959
Plumbing Contractor's Company Name Address 67 Hunter View Dr. Coats, NC 27521 License # 23160
Address _____
Signature of Officer(s) of Corporation Lawrence Glenn

Insulation Permit Information

Residential () Other () Not Required (x)
Tatum Insulation Address _____ Telephone 919 661 0999
Insulation Contractor's Company Name

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.

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

Date

7/31/06

**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: Jaco Price Const. Inc
By/Title: Jaco Price / Owner
Date: 7/31/06

* 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 Boerum.

Application # _____
Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
Telephone Number 910-288-2222 www.harnett.org
Application for Building and Trade Permit

Owner's Name: _____ Date: _____
Address: _____ Phone: _____
Directions to job site from Lillington: _____
Subdivision: _____ Lot: _____

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

Total Project Cost: _____ Description of Proposed Work: _____
General Contractor Information
Heated SF _____ Crawl Space () Building Construction Cost \$ _____
Unheated SF _____ Slab () Acres Disturbed _____ Stories _____

Building Contractor's Company Name _____ Telephone _____
Address _____ License # _____

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information
Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: _____ Amps

Electrical Contractor's Company Name _____ Telephone _____
Address _____ License # _____

Signature of Officer(s) of Corporation

Mechanical Permit Information
Description of Work _____ Mechanical Cost \$ _____
Number of Units _____ Type System _____

Jones - Jones Htg & Air Inc Telephone 910-424-7102
Mechanical Contractor's Company Name
5217 Marrocco Dr Hope Mills NC 28348 11614 Nat3
Address License #

Signature of Officer(s) of Corporation

Plumbing Permit Information
Description of Work _____ Plumbing Cost \$ _____
Number of Baths _____

Plumbing Contractor's Company Name _____ Telephone _____
Address _____ License # _____

Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()
Insulation Contractor's Company Name & Address _____ Telephone _____

* 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
 Telephone Number 910-893-7526 www.harnett.org
Application for Building and Trade Permit

Owner's Name: _____ Date: _____
 Address: _____ Phone: _____
 Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

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

Total Project Cost: _____ Description of Proposed Work: _____

General Contractor Information

Heated SF _____ Crawl Space () _____ Building Construction Cost \$ _____
 Unheated SF _____ Slab () _____ Acres Disturbed _____ Stories _____

Building Contractor's Company Name _____ Telephone _____
 _____ License # _____
 Address _____

Signature of Owner/Contractor/Officer(s) of Corporation — Must sign back of form & workers comp

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
 TS Pole: Yes () No () Underground () Overhead ()
 Permanent Service: Underground () Overhead () Service Size: _____ Amps
M&T Electrical Contractor Inc 910-258-6570
 Electrical Contractor's Company Name Telephone
P.O. Box 384 Broadway, N.C. 27505 11906-11
 Address License #

James F. Thomas Jr. (James F. Thomas Jr.)
 Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____ Mechanical Cost \$ _____
 Number of Units _____ Type System _____

Mechanical Contractor's Company Name _____ Telephone _____
 _____ License # _____
 Address _____

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ Plumbing Cost \$ _____
 Number of Baths _____

Plumbing Contractor's Company Name _____ Telephone _____
 _____ License # _____
 Address _____

Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

Insulation Contractor's Company Name & Address _____ Telephone _____

8-1-06

JASON PRICE

Required Inspections for SFA/SFD

Appl # 0650015151
Valuation \$217,266
Sq. Ft 3344

- 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

- 60 Two Trade Final > 2500
- 60 One Trade Final
- 60 One Trade Final > 2500
- 999 Envir. Operations Permit