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

"mme/sx"

A Booking for			
Owner's Name: Jason Price Construct	Building and Trade Permit		
Address: 121 Green Forest Circu	On, Inc. Date: 6/19/06		
Directions to job site: Have 27 W			
- The state of the	or street Thick but on Right		
Subdivision: <u> laurel Vallen</u>	Lot: 8		
Construction Type: (Please Check)	Building Use: (Please Check)		
New (loads shear)	Residential		
Renovation	Modular		
Addition	Commercial		
Moved House	Multi-Family		
Other	/		
Description of Proposed Work: Nw	tome /		
Total Project Cost: #150,000			
Building	Permit Information		
Heated SF 2768 Crawl Space ()	Building Construction Cost \$ 150,000		
Unheated SF 176 Slab (W	Acres Disturbed Stories 2		
Jason Price Construction, Inc.	(910) 397/-8811		
Building Contractor's Company Name	Telephone /		
121 Green Forest Circle Dunn No			
Address	License #		
Ch +	_		
Signature of Officer(s) of Corporation	-		
	/		
	Permit Information		
Description of Work New Hone			
TS Pole: Yes (+) No () Underground (+)	Overheard ()		
Permanent Service: Underground (*) Overhe	ad () Service Size: 200 Amps		
Maida Electric L.L.C	(914) 897-6216		
Electrical Contractor's Company Name	Telephone		
34 Eagle Rd.	<u> </u>		
Address had	License #		
Thiomes Marcha.	- /		
Signature of Officer(s) of Corporation			
84	15 10.		
Description of Work New Home	Permit /nformation		
Number of Units Type System	HVAC . Mechanical Cost \$ 7,000		
Harris Ha	(910) 892-3197		
Mechanical Contractors Company Name			
001 Denim Dr. Ervin NC 2833	9 / Telephone 03136 H-1, H-2, H-3		
Address 1101	License #		
Withall of White all	License #		
Signature of Officer(s) of Corporation	.		
- Similar of Printer(o) of Corporation			
Plumbino	Permit Information		
Description of Work New Home			
Number of Baths 2.5	Plumbing Cost \$ 7,000		
Slover Contract Plumping, Id			
Plumbing Contractor's Company Name '	Telephone		
67 Hunter View My. Coots, 462	7521 23160		
Address 0 M	License #		
than the Xlever			
Signature of Officer(s) of Corporation			
Insulation Permit Information			
Residential () Other () Not Required ()	0		
TAtun Insultin	7/9 66/0999		
Insulation Contractor's Company Name	Address Telephone		
	B 4 .6 A		

Sprinkler System Information

Contact Person Address License #	
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 correct and that the construction will conform to the regulations in the Building, Electric Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state information on the above contractors is correct as known to me and if any changes or including listed contractors, site plan, building and trade plans, Environmental Health per changes or proposed use changes, I certify it is my responsibility to notify the Harnett Co-Central Permitting Division of any and all changes.	ical, the ccur
Signature of Owner/Contractor/Officer(s) of Corporation Date	

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
	firm under penalties of perjury that the person(s), firm(s) or corporation(s) ork 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.
Permitting Depa compensation in	in the project for which this permit is sought it is understood that the Central artment issuing 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:	14500 Price bust. Inc
By/Title:	200 Ker Journe
Date:	7/31/04

		Application#
"Such section below to be tilled out by whenever performing work. Must be conner	Harnett County Central Por	<u>ทย์ที่กฎ</u>
	PO Box 65 Lilington, NC 279	748 : 表現enetzorg
name & phone must maid information on Rosean.	Yelephone Number & Daily State Committee Commi	rade Papult
Owner's Name:		Date:
		Phone:
Activest	glan:	
Directions to lop and more and		
subdivision:		Lot:
_	CIPTING 17	Mease Check)
Renovation Addition	Cities Mozinies	Multi-Family
Total Project Cost:	Description of Proposed Work: General Contractor Isso	rmation
		NUMBER OF THE PROPERTY OF THE
Heated SFCrawi Spa Unheated SFStab ()	ce () Acres Discurbe	d
		0008
Building Contractor's Compa	ny Name	
		License #
Address		
Olympian of Owner/Contract	pariOfficerts) of Corporation — Must a	ign back of form B. workers comp
	Clech	ica Cost \$
Description of Work	Inderground () Overheard ()	Amps
Pennanent Service: Under	Inderground () Overheard () pround () Overhead () Service	7 04.2.
		hena
Electrical Contractor's Comp	Sally Mente	
		License #
Address		
Signature of Officer(s) of C	proporation Mechanical Permit In	acitama
		Andread Cost &
Number of Units	Type System	Mechanical Cost \$
Tones & Jones His	+ Arc Inc. Tolo	phone
Mechanical Contractor's Co	ompany Name	38348 1101 H943
5317 Maracca	De Hope Mills	Ligense #
0.441000		
Signature of Official of C	Composition	for months to
Description of Work	Plu	mbing Cost S
Number of Balhs		
Plumbing Contractor's Co	reparty Name Tel	aphone
Library of a		License #
Address		
Signature of Officer(s) of	Corporation Booksontis	at () Other () Net Required ()
Insulati	on Permit Information	
	Name & Address	Telephone
Insulation Contractor's	ampeny Name & Address Page 1 of	3
	·	
		soing noast
and LLS	RR/RRC16	

"Each section below to be filled out by whomever performing work. Must be owner or formand contractor. Address, company name 8 phone must match information on license.

Application #______ Hernett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-953-7525 www.harnett.org

	ID BURGIOU BIN ITANA	
owner's Name:		Date:
		Phone:
pirections to job sits from Lillington:		
Areconii to job atta irom amagani		
Subdivision:		_Lat:
JUDU MIRROR:	Building Lise: (Please	Check)
Construction Type: (Please Check)	Residential	Commercial
New Moved House Renovetion Addition Other	Moduliar	Multi-Family
Meuphenon " Manage To a		
Cotal Project Cost:Description	of Proposed Work:	
lested SFCrawl Space () Inhested SFSlab ()	rai Contractor Informatio	Coat S
Heated &FCrawl Space ()	Acres Districted	Coal \$
Unheated SFSlab ()	ACIES DISTORDED	
Building Confractor's Company Name	Telephone	
		License #
		Tičeuse +
Address		
Signature of Owner/Contractor/Officer(s) of	Corporation Must sign back	of form & workers comp
Signature of Owner moon required to the state of Signature of Owner, which is the contraction of the contrac	trical Permit Information	L
		t \$
Description of Work TS Pole: Yes () No () Underground ()	Overheard ()	A more
TS Pole: Yes () No () Underground () Ovi Permanant Service; Underground () Ovi	emead () Service Size:	
Permising Control	r the 9/7-2	58-6510
Permanent Service: Underground () Over The Lectrical Contractor's Company Name	Telephone	
Electrical Contractor's Company Ivaly	11 27505	11906-4-
Electrical Contractor's Company Name P.C. Box 384 Box Lysy Addiess Addiess	11.6.001303	license #
Address 0 //	TonA	5 10
the at Illamosts 6	JAMES F. INCHES	
Addless Standard Corporation		
(2) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	hanical Permit Informatio	<u>in</u>
Description of WorkType Syst		transport Copt &
Number of Units Type Syst	ė™ N#30	TIRLINGE COST 3
Mechanical Contractor's Company Name	Telephane	
Mileconstitution Colisions and		
	,	License #
Address		
Signature of Officer(s) of Corporation		~
	<u>mbina Permit informatio</u>	<u> </u>
Description of Work	Plumbing Co	ost \$
Number of Baths		
Plumbing Contractor's Company Name	Telephone	
· Allers and a second		
And the second s		License #
Address		
Signature of Officer(s) of Corporation	nation Residential () Oti	ner () Not Required ()
meulation Perma Inform	MINOR LAGRANGE () AN	•
		Telephone
Insulation Contractor's Company Name &	Agares9	1 # July 1977
STANDAMPINE MANAGEMENT	there s of 3	

S,q

LL98/690L6

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JASON PRICE

Required Inspections for SFA/SFD Appl # 06 500 151 5 Valuation # 217, 266

	,	Sq. Ft	3344
Seq		<u>Seq</u>	·
10	R*Bldg Footing	60	Two Trade Final > 2500
10-30	R*Elec Temp Service Pole	60	One Trade Final
20	R*Bldg Foundation	60	One Trade Final > 2500
20	Address Confirmation	999	Envir. Operations Permit
30-999	R*Open Floor		. •
30-999	R*Bidg 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	·	