

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

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Owner's Name: Achnett Puremings Address: 630 Graffic AD Aillington At 27841 Directions to job site: 16141 27 14657 To be New Serve		Phone: 5/U 893-5826	
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Directions to job site: 14 wy 27 wes7	To L. New Sery	7-1 KEMELLET DINES	7,2
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Subdivision: Ferent ofths		Lot: 55	
Construction Type: (Please Check)	Building Use: (Please (Snecky	
New	Residential		
Renovation	Modular		
Addition	Commercial		
Moved House	Multi-Family		
OAL			
Description of Proposed Work: 1 4 4 1	feme		
Total Project Cost: 413.5,000			
1000110,000			
Building	Permit information		
Heated SF 2087 Crawl Space (+)	Building Construction	Cost \$ 135,000	
Unheated SFSlab ()	Acres Disturbed	Stories	
CERCO COOST The	5/0893	- 8816	
Building Contractor's Company Name	Telephone		
CEDA BUST FLC	01485	6	
Address	License #		
Signature of Officer(s) of Corpus Cin	• • • • • • • • • • • • • • • • • • •		
20 Butter of Course (2) or anti-product			
	Permit Information		
Description of Work			
TS Pole: Yes (+ No () Underground (+	Overheard ()		
Permanent Service: Underground () Overhe		Z OO Amps	
IM PORCEICET		2655	
Electrical Contractor's Company Name	Telephone		
3483 Cameron Prive		? 6	
Address	License #		
Jones M. Picke	-		
Signature of Officer(s) of Corporation			
	. Develt leformation		
	I Permit Information		
Description of Work Number of Units Tones Tones	Mecha	nical Cost \$	
Number of Units Type System:	5/0 42	1 W - 3 - 2 2	
Johns Flores	Tolophone	<u> </u>	
Mechanical Contractor's Company Name	Telephone	11614	
5217 Mariaccopo Hope mills me		1 9 /	
Address .	License #		
Signature of Officer(s) of Corporation			
Signature of Officer(\$\frac{1}{2}\) of Corporation			
Plumbing	Permit Information		
Description of Work			
Number of Baths	Plumbing Cost	\$	
A both and according to the second	Plumbling Cost	-244/	
Plumbing Contractor's Company Name	Telephone	-2 4 4/	
318 DONN A ST. ST. POULS	יייין או eleptione אינייינייייי	חף עפים	
Address	License #		
Richard Carley Carace han	Licetise #		
Signature of Officer(s) of Corporation			
organization of omounts) of corporation			
inquiation	Permit Information		
Residential (+) Other () Not Required ()	· Amin's milamativalian		
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Insulation Contractor's Company Name	Address	Telephone	
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🛶 👺 Owner's Name: 🛮 🖊 🗸 ४ ४ ४ ४	K Rummings	Building and Trade Per	Date: 6-27-66	
Address: 630 G-131.2	RP Lillington	AT 27546	Phone: 5/0 893-5	
Directions to job site: 1/1	40 27 West	To L. Narsur		
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Subdivision: Ferent	TOAKS		Lot: 85	
Construction Type: (Please	e Check)	Building Use: (Please (Check)	
New	•	Residential		
Renovation		Modular Modular		
Addition		Commercial		
Moved House	•	Multi-Family		
Other		_ ,		
Description of Proposed W	ork: Me w	france		
Total Project Cost: <u>火ル</u> フ	5,000			_
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U	<u>Building</u> l	Permit Information		
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Onneated SF Slab ()		Acres Disturbed	Storios	-
CENCO consT	Fre	5/0 893	Stories	- .
Building Contractor's Comp	any Name	Telephone	0026	
COULD CONST Z		_ *	a.	
Address		-		_
Signature	Z	License #	,	
Signature of Officer(s) of Co	Orporation	-		
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Descript's	Flectrical	Danualis I -	**	
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O FOIR Yes / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u></u>	حاد الماسلموا⊒	•	
Permanent Service: Underg	round ()	Overheard ()		
Flectrical C	Overnea	d() Service Size:		
Electrical Contractor's Comp	any Namo		Amps	
Address	y Harrie	Telephone	·	
Address				
				
Ciaman		License 4		
Signature of Officer(s) of Corr	Porotio	License #		
Signature of Officer(s) of Corp	poration	License #		
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Description of Work	Mechanical P	License #		
Description of Work Number of Units	Mechanical P	ermit Information		
Description of Work Number of Units	Mechanical P	ermit Information		
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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(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 Centre Permitting Department issuing the permit may require certificates of coverage of worker compensation insurance prior to issuance of the permit and at any time during the permitted work.
Firm Name: CEBIC CONST INC
By/Title: U. P. Kennth Commence
Date: 6-27-66

Dowl

KENNETH CUMMINE

Required Inspections for SFA/SFD Appl # 0650015194 Valuation # 173,540 Sq. Ft 2671

<u>Seq</u>	
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
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40	Two Trade Rough In > 2500
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40	One Trade Rough In > 2500
50	R*Insulation Inspection
60	Four Trade Final
60	Four Trade Final > 2500
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60	Three Trade Final > 2500
60	Two Trade Final

aluation q. Ft	2671
<u>Seq</u>	
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit