

**Application for Building and Trade Permit**

Owner's Name: Tim Lee Date: 8-2-06  
Address: 4832 Regalwood Dr. Phone: 844-6705  
Directions to job site: Job site address 16 West Christian Court.  
210 N to Angier - Road 55 R on Oak Grove Church Rd. Sub on Left.

Subdivision: Homestead II Lot: 32

Construction Type: (Please Check) Building Use: (Please Check)

- New
- Renovation
- Addition
- Moved House
- Other
- Residential
- Modular
- Commercial
- Multi-Family

Description of Proposed Work: SFD

Total Project Cost: 140,000

**Building Permit Information**

Heated SF 1990 Crawl Space  Building Construction Cost \$ 140,000<sup>00</sup>  
Unheated SF 500 Slab  Acres Disturbed \_\_\_\_\_ Stories 1.5

Building Contractor's Company Name BANAH HOMES INC. Telephone 639-2031 (427-7524)

Address 173 WED DENNING RD License # 56520

Signature of Officer(s) of Corporation Craig Byrd

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Electrical Cost \$ 4000<sup>00</sup>

TS Pole: Yes  No  Underground  Overhead

Permanent Service: Underground  Overhead  Service Size: 200 Amps

Electrical Contractor's Company Name Mabry's Electric Telephone 639-4837

Address Angier N.C. License # 15077#L

Signature of Officer(s) of Corporation Johnny Mabry

**Mechanical Permit Information**

Description of Work HEAT PUMP Mechanical Cost \$ 4000<sup>00</sup>

Number of Units 2 Type System SPLIT

Company Name JL'S HVAC Telephone 552-3053

Address Holly Springs N.C. License # 12655H-3

Signature of Officer(s) of Corporation Jimmy Cannell

**Plumbing Permit Information**

Description of Work \_\_\_\_\_ Plumbing Cost \$ 5000<sup>00</sup>

Number of Baths 3 Telephone 550-4833

Plumbing Contractor's Company Name Thorntons Plumbing Telephone 22152

Address Clayton N.C. License # \_\_\_\_\_

Signature of Officer(s) of Corporation Andy Thornton

**Insulation Permit Information**

Residential  Other  Not Required

Insulation Contractor's Company Name Atom Insulation Address Clayton Telephone \_\_\_\_\_

**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.

Wesley Burch  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

8-2-06  
\_\_\_\_\_  
Date

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

The undersigned applicant for Building Permit # 06-50015223 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: BANAH HOMES INC.

By/Title: OWNER

Date: 8-2-06

BANAH Homes Inc  
8-2-06

**Required Inspections for SFA/SFD**

Appl # 0650015223  
Valuation # 245,333  
Sq. Ft 3776

<u>Seq</u>		<u>Seq</u>	
10	<input checked="" type="checkbox"/> R*Bldg Footing	60	<input type="checkbox"/> Two Trade Final > 2500
10-30	<input checked="" type="checkbox"/> R*Elec Temp Service Pole	60	<input type="checkbox"/> One Trade Final
20	<input checked="" type="checkbox"/> R*Bldg Foundation	60	<input type="checkbox"/> One Trade Final > 2500
20	<input checked="" type="checkbox"/> Address Confirmation	999	<input checked="" type="checkbox"/> Envir. Operations Permit
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		