- 1

Hernett County Central Permitting PO Box 65 Librgton, NC 27646 Telephone Number 910-983-4759

	Date //2/00
Owner's Name: CAR CITY Items	
Andress P.C. But Col27	
Directions to job site'	
A STATE OF THE PARTY OF THE PAR	05 Lat. 60
Subdivision BAILARD WYO	OS Lat
Construction Type. (Please Check)	<u> Building Uso:</u> (Pigges Chack)
≺ New	≼ Residential
Renovation	Mogular
Addition	Commercia
Meved House	Multi-Family
Other	
	SED
Total Project Cost:	
Buildin	a Permit information
	Ruiding Construction Cost 5
Heated SFCrawl Space of Unhammed SFSlab ()	Acres Disturbed - 5 Stones
Of & City Homes	(WI) 833-3526
Building Contractor's Company Name	Telephone
P.U. BOX CUZT RAINGS	<u> </u>
Address	License #
16 19	Programme.
Signature of Officer(s) of Corporation	
	al Pennit Information
	Electrical Cost \$
Description of Work TS Pole: Yes 60 No () Underground for	
Permishent Service: Underground () Over	heed () Service Size: 200 Armon
CAOCE & LESTALE	1419 639-8483
Classical Contractor's Common NAME	Toughord
17 RUDGERCO I CIR HO	6'0e 22983-L
Address	License #
KILL 10711	
Signature of Officer(s) of Corporation	
	eni Permit information
Description of Work Number of Units Type System	Mechanical Cost \$
Jean some Maries &C	DOLING (910) 132 - 2617
Mechanical Contractor's Company Name	Telephone
22 HURSE THE LN. BW	15R 19342
Address //	License #
Min 1	,
Signature of Officering to Ecompositivian	
· · · · · · · · · · · · · · · · · · ·	
	ng Permit Information
Description of Work	Plymbing Cost \$
Number of Baths	(910) 851- 8114
Plumping Contractor's Company Name	Teimphone
SPRING CONDITIONS COMPANY MENTAL	07674
Address	License #
Zus Wagner	
Signature of Officer(s) of Corporation	
	S Is built-with-stiff-a-
inexist	en Permit Information
Residential (Other () Not Required ()	(9191554-9004
All Ago Las Zes	Address Telephone
Insulation Contractor's Company Name	Market date
	Page 1 of 3 12/04

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.

Date

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

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 comperforming the w	firm under penalties of perjury that the person(s), firm(s) or corporation(s) or corporation(s)
	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 ins	n the project for which this permit is sought it is understood that the Central rtment 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:	OAL city flower
By/Title:	lobot alle auner
Date:	8/1/00

. . .

T - 15

Harnelt County Central Permitting PO Box 65 Lillington, NC 27846 Telephone Number 910-593-4759

Applicati	<u>on for</u>	Building and Trade P	Date: 1/12/06
Iwner's Name: OAK CITS 11 Address: P.C. Rox Co	ome	8	Phone: (9/5) 833 55
	117	Californ	Priorie.
Directions to job site:			
			11
Subdivision: BAllaro L	1000	05	Lat: / 106
Construction Type: (Please Check)		Building Use: (Plages	Check)
< New		× Residential	7
Renovation		Modular	
Addition		Commercial	
Moved House		Multi-Family	
" (Niket			
rescription of Proposed Work:	54	560	
otal Project Cost:		/	
<u>_</u>	<u>uilding</u>	Parmit information	Carl \$
leated SFCrawl Space (4 Inheated SFSlab ()		Building Construction	
nheated SFSlab ()		Acres Disturbed	31-5526
OAK EITY HOMES		Talephone	
uilding Contractor's Company Name	- ~4	5/3 42	3
P.U. Box WIZT RAIL		Liceryse #	
doress 2		Property in	
ignature of Officer(s) of Corporation		/	
Rusting of Allera (a) of market and ()		/	
医科	ectrica	Permit Information	
escription of Work		Efectrical Co.	et \$
S Pale: Yes (4) No () Underground	10	Overhanni ()	3 = 5
ermenent Service: Underground ()	Overh	eed () Service Size:	Amps
CHOICE ELECTRIC			639-8433
lectrical Centractor's Company Name		- / Telephone	72.1
12 RUDOKACO L CIR	ANG	ive 229	83-6
ddress		/ License #	
Kul salis		→ /	
ignature of Officer(s) of Corporation		- 1	
Ma		al Permit Information	
escription of Work	<u>Eliötniz</u>	A PANIAL HAIN THE PARIAL	
umber of Units Type S	vstem	Mec	hanical Cost 5
JERNIGANS HEATING	# Ca	oline (910)	892-5217
techanical Contractor's Company Nam	6	/ Telephone	
22 BREAKING THE LN.	ANG	in 193	142
ddrens		License #	_
	-	1	
ignature of Office (5) Corporation		1	
		PB	
\ -	umbin	Permit Information	
rescription of Work		Pd 2 -	-1 R
furnber of Baths		Plumbing Co	B(7
WASHERS PLUMBIN	Y60-		51- 2114
lumping Contractor's Company Name	\	Telephone	10 To 1
	$\rightarrow \rightarrow$	License #	A LT
ddreag		राह्मणाञ्च स	
ilgnature of Officer(s) of Corporation	-		
signature gromicer(s) of Corporation			
1	e de la Mini	n Permit Information	
		T ALTHOUGH TO THE WAY	
Residential (: Other () Not Required	• (/		19191554-
All Act Ins. Tak	-	Address	Telaphone
suiation Contractor's Company Name		rwel 603	· ·
		Does 1 of 3	12/04

Page 1 of 3

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 A	ccess			
NC Department of Transportation Driveway Access/Permit? Yes No				
I hereby certify that I have the authority to make neccorrect and that the construction will conform to the Plumbing and Mechanical codes, and the Harnett information on the above contractors is correct as lincluding listed contractors, site plan, building and to changes or proposed use changes, I certify it is my recent all Permitting Division of any and all changes.	e regulations in the Building, Electrical, County Zoning Ordinance. I state the known to me and if any changes occur rade plans, Environmental Health permit responsibility to notify the Harnett County			

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

The undersigned	d applicant for Building Permit # being the:
	Contractor Owner Officer/Agent of the Contractor or Owner
	Officer/Agent of the Contractor of 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	on 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:	Och City Horses
By/Title:	- Va
Date:	

Required Inspections for SFA/SFD

		•	
<u>Seq</u>		<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	•	