

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
Telephone Number 910-893-4759

Application for Building and Trade Permit

Owner's Name: BRIGSE BUILDERS Date: 7-11-06
Address: P.O. BOX 727 DUNN NC 28335 Phone: 910-892-4345
Directions to job site: 77 WEST, TURN LEFT INTO LAUREL VALLEY
SUBDIVISION, TURN LEFT ON CHASON TERRACE, 4TH LOT ON LEFT

Subdivision: LAUREL VALLEY Lot: 93

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

Description of Proposed Work: 2 STORY W/ BONUS ROOM
Total Project Cost: _____

Building Permit Information

Heated SF _____ Crawl Space () Building Construction Cost \$ _____
Unheated SF _____ Slab () Acres Disturbed _____ Stories 2
CUMBERLAND HOMES 910-892-4345
Building Contractor's Company Name Telephone
P.O. Box 727 DUNN NC 28335 59493
Address License #
[Signature]
Signature of Officer(s) of Corporation

Electrical Permit Information

Description of Work New Electrical Cost \$ _____
TS Pole: Yes (X) No () Underground (X) Overhead ()
Permanent Service: Underground (X) Overhead () Service Size: 200 Amps
Wester & Pace
Electrical Contractor's Company Name Telephone
546 Leslie Dr., Sanford NC 919-499-5389
William Wester
Address License # 1200 76
[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New
Number of Units _____ Type System Heat Pump Mechanical Cost \$ _____
Jackson's Heating & Air
Mechanical Contractor's Company Name Telephone
Jackson Heating & Air 910-891-5410
PO Box 82, Benson, NC
David Jackson
Address License # 23670
[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New
Number of Baths _____ Plumbing Cost \$ _____
Plumbing Contractor's Company Name Telephone 910 678-8059
Curtis Faircloth Plumbing
6143 Goldsboro Rd., Wade, NC 28395
Curtis Faircloth

Address _____
Signature of Officer(s) of Corporation Curtis Furelotti

License # 7269

Insulation Permit Information

Residential (X) Other () Not Required ()
TRI-CITY

PO Box 6A05 Fay, NC 910-486-8855

Insulation Contractor's Company Name _____ Address _____ 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.

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

7-11-06
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

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: BEJESSE BUILDERS
By/Title: Danny Harris
Date: 7-11-06



DANNY NORRIS
7-13-06

Required Inspections for SFA/SFD

Appl # 0650015358
Valuation \$198,554
Sq. Ft 3056

- 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