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

15408

Owner's Name: Coviners Land  Address: 7818 Leaford Ld Ste 700	Date: 4 26 06		
Address: 2010 Os of and Od / Address	Fur NC 28303 Phone: 910 4810513 Rd. Turn (D. Turn (D) INto Mundshire		
Address: USIN LILET TO STE LUTO	71 700 Prione: 410 48173		
Directions to job site: 2 / (w) To 10015614 /	CA. WING. WILL E) INTO WUNTSHIPE		
Subdivision: Wordshire	Lot: 103		
Construction Type: (Please Check)	Building Use: (Please Check)		
×New	Residential		
Renovation	Modular		
Addition	Commercial		
Moved House	Multi-Family		
Other	<del></del>		
Description of Proposed Work: New Sin	cle tamily		
Description of Proposed Work: New Sin Total Project Cost: \$120,000			
,,,			
Building F	Permit Information		
Heated SF 2360 Crawl Space ()	Building Construction Cost \$ \$10000 Acres Disturbed Stories 2		
Unheated SF570_Slab ( )	Acres DisturbedStories		
Caviness land Dev	4810503		
Building Contractor's Company Name	Telephone 201105		
2818 ROSTING KO STERNO FRY NC			
Address	License #		
	-		
Signature of Officer(s) of Corporation			
Description of Work New Const Electrical	Permit Information		
Description of Work NW WOYLE	Electrical Cost \$ 95K		
TS Pole: Yes No Underground	Overheard ( )		
Permanent Service: Underground (*) Overhe	ad () Service Size: 200 Amps		
Allmanstlectric	465-601/		
Electrical Contractor's Company Name	Telephone		
	<u>6136-V</u>		
Address	License #		
190	-		
Signature of Officer(s) of Corporation			
Mochanica	Darmit Information		
Description of Work New Const  Number of Units 1 Type System	Fernit information		
Number of Unite 1 Type System	HP Mechanical Cost \$ \$7K		
mark Ar	484-6565		
Mechanical Contractor's Company Name	Telephone		
Mechanical Contractor's Company Name	1607 L		
Address /	License #		
Clara Duca	License #		
Signature of Officer(s) of Corporation	<b>-</b> ,		
Signature of Onicers) of Corporation			
Plumbina	Permit Information		
Description of Work New Const			
Number of Baths 7.1/2	Plumbing Cost \$ \$62		
Number of Baths 272 Camden Plumbing	547 1584		
Plumbing Contractor's Company Name	Telephone		
Fravay Vair-4	16903		
Address	License #		
Stad Condo	F-44-144-11		
Signature of Officer(s) of Corporation			
orginature of Officer(a) of Corporation			
Insulation Permit Information			
Residential (** Other () Not Required ()	·		
Cymberland Insulation	ABA-71195		
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 <u>Driveway Access</u>				
NC Department of Transportation Drivew	ray Access/Permit? Yes No			
correct and that the construction will Plumbing and Mechanical codes, and information on the above contractors including listed contractors, site plan,	9/26/6			

10-1

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

The undersigne	d applicant for Building Permit # being the:
×	Contractor Owner Officer/Agent of the Contractor or Owner
	_ Officer/Agent of the Contractor of Owner
	nfirm under penalties of perjury that the person(s), firm(s) or corporation(s) work set forth in the permit:
<u></u>	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 Dep compensation in from any person	on the project for which this permit is sought it is understood that the Central partment issuing the permit may require certificates of coverage of worker's insurance prior to issuance of the permit and at any time during the permitted work in, firm or corporation carrying out the work.
Firm Name:	aunessia
By/Title:	Tresident
	26/06

James

B.X E-1

9-29-06 CAVINESS

## Required Inspections for SFA/SFD

<u>Seq</u>	<b>_</b>
10	R*Bidg 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*Bidg 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

Appl #	0650	015408
Valuation	\$181	986
Sq. Ft	280	

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