

12-19-06

Application for Building and Trade Permit

Owner's Name: M.S.G. Const. & Homebuilders Inc. Date: 5-3-6
Address: 211 Marvin Ferguson Dr Phone: 910 890 1007
Directions to job site: _____

Subdivision: _____ Lot: _____

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

Description of Proposed Work: _____
Total Project Cost: _____

Building Permit Information

Heated SF 1840 Crawl Space (
Unheated SF NED Slab (
M.S.G. Const. & Homebuilders INC. Building Construction Cost \$ _____
Building Contractor's Company Name 27546 Acres Disturbed _____ Stories 2
2830 Springhill Ch. Rd. Lillington, NC Telephone 910 893 5377
Address _____ License # 49542
Michael G. Murren Signature of Officer(s) of Corporation

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: _____ Amps
D2 Electric, INC. Telephone 919-498-0463
Electrical Contractor's Company Name _____ License # _____
100 Hidden Creek Lane Lillington NC Address _____
James G. Bartlett Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____ Mechanical Cost \$ _____
Number of Units _____ Type System _____
Airtemp Heating Cooling Unit Telephone 910-795-1188
Mechanical Contractor's Company Name _____ License # _____
P.O. Box 1692 Sanford NC 27331 Address _____
James G. Bartlett Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work JAMIE JOHNSON Plumbing Cost \$ 5,000.00
Number of Baths 2 Telephone 910-814-0218
JAMIE JOHNSON PLUMBING Plumbing Contractor's Company Name _____ License # _____
7591 Old US 421 Lillington Address _____
James G. Bartlett Signature of Officer(s) of Corporation

Insulation Permit Information

Residential () Other () Not Required ()
Tri City Insulation Insulation Contractor's Company Name _____
Fayetteville NC Address _____ Telephone 910-519-9505

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.

Michael J. Garrison
Signature of Owner/Contractor/Officer(s) of Corporation

H-295 12.19.00
Date

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

The undersigned applicant for Building Permit # _____ being the:

 X 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:

 X 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: M.J.G. Construction & Homebuilders Inc.

By/Title: President

Date: 5-3-06 12-19-06

Plan Box Number A-3

Job Name FRANCES DUNCAN

Date: 12-15-06

Required Inspections for SFA/SFD

Appl. # 0650015431

Valuation \$ 264,921

Sq. Feet 3154

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40		Four Trade Rough In
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60		Four Trade Final
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit