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Contact Person	
Address	License #
Signature of Officer(s) of Corporation	antona Information
<u>Fire Alarm 5)</u>	ystem Information
Fire Alarm Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation	/ay Access
	
NC Department of Transportation Driveway Access	s/Permit? Yes No
I hereby certify that I have the authority to make correct and that the construction will conform to Plumbing and Mechanical codes, and the Haminformation on the above contractors is correct including listed contractors, site plan, building a changes or proposed use changes, I certify it is Central Permitting Division of any and all changes.	to the regulations in the Building, Electrical, nett County Zoning Ordinance. I state the as known to me and if any changes occur nd trade plans, Environmental Health permit my responsibility to notify the Harnett County
NOW MANAOZA Signature of Owner/Contractor/Officer(s) of Corpor	ation Date
Dignature of Owner/Contractor/Onicer(5) of Corpor	alion Date

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

The undersigned a	applicant for Building Permit # being the:
	contractor Owner
0	fficer/Agent of the Contractor or Owner
Do hereby confirmation performing the work	m under penalties of perjury that the person(s), firm(s) or corporation(s) is set forth in the permit:
	las/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
	las/have one (1) or more subcontractors(s) and has/have obtained workers' ompensation insurance to cover them.
	las/have one (1) or more subcontractors(s) who has/have their own policy of vorkers' compensation insurance covering themselves.
F	las/have not more than two (2) employees and no subcontractors.
Permitting Departs compensation insu	the project for which this permit is sought it is understood that the Central ment issuing the permit may require certificates of coverage of worker's trance prior to issuance of the permit and at any time during the permitted worker or corporation carrying out the work.
Firm Name:	ook city Homes
By/Title:	Robet of Charge owner
Date:	8/1/06

Plan Box Number 3-5

Job Name OAK CITY Hom

Date: <u>3-み1-87</u>

Required Inspections for SFA/SFD

Appl. # 0650015439 Valuation # 61,074 Sq. Feet 940 (PRC. RM + ATTIC)

Sequence

10 ,	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	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
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40	Three Trade Rough In
40	Three Trade Rough In> 2500
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50	R* Insulation
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60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit

OAK CITY 8-3-4

Required Inspections for SFA/SFD

Appl# 06 500 154 39
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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*Bldg Slab Insp		
30-999	R*Elec Under Slab		•
30-999	R*Plumb under Slab		
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