

15444

Harnett County Central Permitting
PO Box 68 Lenoir, NC 27046
Telephone Number: 910-883-4750

Application for Building and Trade Permit

Owner's Name: OAK CITY HOMES Date: 1/12/08
Address: P.O. Box 6127 Raleigh Phone: (919) 833-5520
Directions to job site: _____

Subdivision: BRILLIANT WOODS Lot: 106

Construction Type: (Please Check)
 New
 Renovation
 Addition
 Moved House
 Other

Building Use: (Please Check)
 Residential
 Modular
 Commercial
 Multi-Family

Description of Proposed Work: NEW SED
Total Project Cost: 180,000

Building Permit Information

Heated SF _____ Crawl Space (x) _____
Unheated SF _____ Slab () _____
Building Construction Cost \$ _____
Acres Disturbed 0 Stones 2
OAK CITY HOMES Telephone: (919) 833-5520
Building Contractor's Company Name Telephone: 53423
P.O. Box 6127 Raleigh License # _____
Address _____
Signature of Officer(s) of Corporation: R. M.

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes (x) No () Underground (x) Overhead ()
Permanent Service: Underground () Overhead () Service Size 200 Amps
SHORE ELECTRIC Telephone: (919) 639-8483
Electrical Contractor's Company Name Telephone: 22983-6
12 Brookdale Cir Asheville License # _____
Address _____
Signature of Officer(s) of Corporation: Kevin Carter

Mechanical Permit Information

Description of Work _____ Mechanical Cost \$ _____
Number of Units _____ Type System _____
TECHNICAL HEATING & COOLING Telephone: (910) 832-5217
Mechanical Contractor's Company Name Telephone: 19342
22 Hickory Hill Ln. Asheville License # _____
Address _____
Signature of Officer(s) of Corporation: _____

Plumbing Permit Information

Description of Work _____ Plumbing Cost \$ _____
Number of Baths _____
WAGNER'S PLUMBING Telephone: (910) 891-8114
Plumbing Contractor's Company Name Telephone: 07674
Address _____ License # _____
Signature of Officer(s) of Corporation: Lynn Wagner

Insulation Permit Information

Residential () Other () Not Required ()
ALL PRO INS. INC. Address _____ Telephone: (919) 554-9004
Insulation Contractor's Company Name

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.

Noel Mendoza

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

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: OAK CITY Homes
By/Title: Robert Chalpoli Owner
Date: 8/1/06

Required Inspections for SFA/SFD

Appl # 0650015444
 Valuation \$ 212,523
 Sq. Ft 3271

<u>Seq</u>	
10	<input checked="" type="checkbox"/> R*Bldg Footing
10-30	<input checked="" type="checkbox"/> R*Elec Temp Service Pole
20	<input type="checkbox"/> R*Bldg Foundation
20	<input checked="" type="checkbox"/> Address Confirmation
30-999	<input checked="" type="checkbox"/> R*Open Floor
30-999	<input type="checkbox"/> R*Bldg Slab Insp
30-999	<input type="checkbox"/> R*Elec Under Slab
30-999	<input type="checkbox"/> R*Plumb under Slab
30-999	<input type="checkbox"/> R*Bldg Water/Damp Proofing
40	<input type="checkbox"/> Four Trade Rough In
40	<input checked="" type="checkbox"/> Four Trade Rough In > 2500
40	<input type="checkbox"/> Three Trade Rough In
40	<input type="checkbox"/> Three Trade Rough In > 2500
40	<input type="checkbox"/> Two Trade Rough In
40	<input type="checkbox"/> Two Trade Rough In > 2500
40	<input type="checkbox"/> One Trade Rough In
40	<input type="checkbox"/> One Trade Rough In > 2500
50	<input checked="" type="checkbox"/> R*Insulation Inspection
60	<input checked="" type="checkbox"/> Four Trade Final
60	<input type="checkbox"/> Four Trade Final > 2500
60	<input type="checkbox"/> Three Trade Final
60	<input type="checkbox"/> Three Trade Final > 2500
60	<input type="checkbox"/> Two Trade Final

<u>Seq</u>	
60	<input type="checkbox"/> Two Trade Final > 2500
60	<input type="checkbox"/> One Trade Final
60	<input type="checkbox"/> One Trade Final > 2500
999	<input checked="" type="checkbox"/> Envir. Operations Permit