

15446

Harnett County Central Permitting
PO Box 68 Lenoir, NC 27546
Telephone Number 910-893-4760

Application for Building and Trade Permit

Owner's Name: OPK CITY HOMES Date: 1/12/09
Address: P.O. Box 6027 Raleigh Phone: (919) 833-3526
Directions to job site: _____

Subdivision: Balanced Woods Lot: 666
Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other
Description of Proposed Work: NEW SED
Total Project Cost: 180,000

Building Permit Information

Heated SF _____ Craw Space (ft) _____ Building Construction Cost \$ _____
Unheated SF _____ Slab () _____ Acres Disturbed 0.9 Stones 2
OPK CITY HOMES Telephone: (919) 833-3526
Building Contractor's Company Name _____
P.O. Box 6027 Raleigh License # 58423
Address _____
Signature of Officer(s) of Corporation: B. 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
CRONE ELECTRICAL Telephone: (919) 639-2483
Electrical Contractor's Company Name _____
12 Brookside Cir Angier License # 22983-K
Address _____
Signature of Officer(s) of Corporation: Kevin Crone

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 _____
23 Hickory Hill Ln Angier License # 19542
Address _____
Signature of Officer(s) of Corporation: _____

Plumbing Permit Information

Description of Work _____ Plumbing Cost \$ _____
Number of Baths _____
WAGNER'S PLUMBING Telephone: (910) 951-2114
Plumbing Contractor's Company Name _____
Address _____ License # 07674
Signature of Officer(s) of Corporation: Lynn Wagner

Insulation Permit Information

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

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 Chalipoli owner
Date: 8/1/06

7-28-66

OAK CITY HOMES

Required Inspections for SFA/SFD

Appl # 0650015446
 Valuation \$219,995
 Sq. Ft 3386

<u>Seq</u>		<u>Seq</u>	
10	<input checked="" type="checkbox"/> R*Bldg Footing	60	<input type="checkbox"/> Two Trade Final > 2500
10-30	<input checked="" type="checkbox"/> R*Elec Temp Service Pole	60	<input type="checkbox"/> One Trade Final
20	<input checked="" type="checkbox"/> R*Bldg Foundation	60	<input type="checkbox"/> One Trade Final > 2500
20	<input checked="" type="checkbox"/> Address Confirmation	999	<input checked="" type="checkbox"/> Envir. Operations Permit
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 type="checkbox"/> Four Trade Final		
60	<input checked="" 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		