* Each sector below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company information

y name & phone must match on on license.	Telephone Number 9	10-893-7525 www.ha	rnett.org	. •	
	Application for Bu			1 10	
Owner's Name: Brian	.				·
Address: 635 Chis	<u>senhall Ko</u>	<u> </u>		639 3719	
Directions to job site from Lill	ington: From II	Ington tak	<u>c 421 1</u>	b Luquay	Varing In The
T/L on Promy Gro	ve / Kawels Rd	T/L on	Huy 40	1 90 2/13	MICO 1/0 OF
Subdivision:	or rointe		Lot:	10	Truelove Rd go 1/2 mile Sub
Construction Type: (Please	Check) <u>[</u>	Building Use: (Ple	ase Check)	morcial	1/2 mile sub
New Moved H Renovation Addition	Other	Residential Modular	Multi-	-Family [;]	on left
	*	annead Morle	ال جور	use	
Total Project Cost: 94,000	LaoDescription of Pro	oposed work	Ivew He	· .	•
1000		ermit Informatio		70.000	
Heated SF 120 Crawl Spa Unheated SF Slab ()		Building Construc Acres Disturbed _			
Brian Johnson Bu	n Hels Inc	63	9 3714		-
Building Contractor's Compa	ny Name Hugier	Telephon	⁶ 41348		_
Address ()		License #			
Signature of Officer(s) of Cor	poration			•	
orgrand or orgonical contract					
Description of Work	Stechool	Permit InformationElectrical	ost \$ 3	5900.00	-
TSPole: Yes (A) No () U	Inderground (4)	Overneard ()		20 Amamps	
Permanent Service: Underg	round (7)	ad () Service S ろう		—————	_
Electrical Contractor's Comp	any Name	Telephon			
SOS9 Flennebec At	i million to	License #		<u></u>	•
Address Roy Doon Signature of Officer(s) of Cor					
Signature of Officer(s) of Cor	poration		•		
H_	Mechanical	Permit Informati	<u>ion</u>		
Description of Work	Type System _	Heat Dum	Mechanical Cos	st \$ H200	-
JC'S Hooting + 1	AIR		<u> 552 3</u>	053	- -
Mechanical Contractor's Cor	. 1/1 1/4/11/17/0/	Telephon	"12655		_
Address	-00	License #	ŧ ·		
Signature of Office (6) of Cor	rporation	~			
o.g.,		D			
Description of Work	mbing r	Permit Information w house	<u> </u>	· ·	-
Number of Baths	- T · C	Plumbing	Cost \$3	<u> </u>	-
Plymbing Contractor's Comp		Telephon	ie	.	-
10 BOX 1237	Hingser MC	linean d	4087		-
Address Rich We	les	License #	+		
Signature of Office (s) of Co	rporation			•	
		Permit Informati			
Residential (0) Other ()	lot Required ()	418 Aureon 4	t farelle	ville	4868855
Insulation Contractor's Com	pany Name	Address		Telephone	-

Application #		
11	 	

Sprinkler System Information Telephone Sprinkler Contractor's Company Name Contact Person License # Address Signature of Officer(s) of Corporation Fire Alarm System Information Telephone Fire Alarm Contractor's Company Name Contact Person License # Address Signature of Officer(s) of Corporation **Driveway Access** Yes ___ No <u>/ (</u> NC Department of Transportation Driveway Access/Permit? 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. 10/10/06

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

Application	#
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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
	ofirm under penalties of perjury that the person(s), firm(s) or corporation(s work set forth in the permit:
**************************************	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
-44	Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
P	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 Department Compensation in	on the project for which this permit is sought it is understood that the Centra artment issuing the permit may require certificates of coverage of worker's asurance prior to issuance of the permit and at any time during the permitted work in firm or corporation carrying out the work.
Firm Name:	Bran Johnson Bulders Inc
Sign/Title:	Rie Jel President
Date:	10/10/106

G-1

BRIAN JOHNSON

Required Inspections for SFA/SFD

·	•
Seq	
<u>564</u>	
10	R*Bldg 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*Bldg 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 #	0650015455
Valuation	\$ 72. 964
Sq. Ft 🕟	1173

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