

**Application for Building and Trade Permit**

Owner's Name: Regency Homes Inc. Date: 8-1-06  
Address: 6506 Mental Lane Fayetteville, NC 28314 Phone: 910-424-0455  
Directions to job site:  Hwy 27 @ Hwy 24 @ Cameron Hill Rd @ Yorkshire Dr.

Subdivision: Yorkshire Plantation Lot: 158  
Construction Type: (Please Check) Building Use: (Please Check)  
 New  Residential  
 Renovation  Modular  
 Addition  Commercial  
 Moved House  Multi-Family  
 Other  
Description of Proposed Work: Residence  
Total Project Cost: \_\_\_\_\_

**Building Permit Information**

Heated SF 2480 Crawl Space   
Unheated SF 576 Slab ( )  
Building Contractor's Company Name: Regency Homes Inc.  
6506 Mental Lane Fayetteville NC  
Address: \_\_\_\_\_  
Signature of Officer(s) of Corporation: \_\_\_\_\_  
Building Construction Cost \$ \_\_\_\_\_  
Acres Disturbed .37 Stories 2  
Telephone: 910-424-0455  
License #: 32067-4

**Electrical Permit Information**

Description of Work: Electric Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: 200 Amps  
Lonnie Smith Electric Telephone: (910) 958-6638  
Electrical Contractor's Company Name: \_\_\_\_\_  
1063 Carl Freeman Rd License #: 26606  
Address: \_\_\_\_\_  
Signature of Officer(s) of Corporation: \_\_\_\_\_

**Mechanical Permit Information**

Description of Work: Mechanical  
Number of Units: 2 Type System: Elec Mechanical Cost \$ \_\_\_\_\_  
Mike's Heating-Air Telephone: 23108  
Mechanical Contractor's Company Name: \_\_\_\_\_  
4095 Sutton Rd License #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature of Officer(s) of Corporation: Michael Meant

**Plumbing Permit Information**

Description of Work: Plumbing  
Number of Baths: \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
Curtis Baird with Plumbers Telephone: 910-531-3111  
Plumbing Contractor's Company Name: \_\_\_\_\_  
6243 Goldsboro Rd. License #: 7269  
Address: \_\_\_\_\_  
Signature of Officer(s) of Corporation: \_\_\_\_\_

**Insulation Permit Information**

Residential  Other ( ) Not Required ( )  
Tri-City Insulation Telephone: 910-486-8855  
Insulation Contractor's Company Name: \_\_\_\_\_  
412 Person St Fayetteville NC 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.

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

Date

8-1-02

**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: Regency Homes Inc.

By/Title: Jim Puczylawski/Owner

Date: 8-1-06

SLAB  
OR  
CRAWL

F-2

REGENCY  
10-2-86

**Required Inspections for SFA/SFD**

Appl # 0650015467  
Valuation \$198,554  
Sq. Ft 3056

- 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

- 60  Two Trade Final > 2500
- 60  One Trade Final
- 60  One Trade Final > 2500
- 999  Envir. Operations Permit