

Application for Building and Trade Permit

Owner's Name: Regency Homes Inc. Date: 8/1/06
Address: 6506 Dental 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: 157
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 2318 Crawl Space
Unheated SF 595 Slab ()
Building Contractor's Company Name: Regency Homes Inc.
6506 Dental Lane Fayetteville NC
Address: _____
Signature of Officer(s) of Corporation: _____
Building Construction Cost \$ _____
Acres Disturbed 35 Stories 2
910-424-0455
Telephone 32067-4
License # _____

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 (910) 925-6628
Electrical Contractor's Company Name: _____
1063 Carl Freeman Rd Telephone: 25606
Address: _____ License # _____
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: _____ License # _____
403 Sutton Rd
Address: Michael Meant
Signature of Officer(s) of Corporation: _____

Plumbing Permit Information

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

Insulation Permit Information

Residential Other () Not Required ()
Dr. City Insulation 418 Pecan St Fayetteville NC 910-486-8855
Insulation Contractor's Company Name: _____ Address: _____ Telephone: _____

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 X

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 Pacylawski/Owner

Date: 8-1-02

(CRAWL)

D-4

REGENCY

10-2-06

Required Inspections for SFA/SFD

Appl #
Valuation
Sq. Ft

0650015474
\$186,079
2864

- 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