

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-4759

**Application for Building and Trade Permit**

Owner's Name: S+K Homes Date: 8-15-06  
Address: 4604 Forest Highland Dr. Phone: 919-625-6263  
Directions to job site: 27 W / (R) on Appleton Way (R) on Bricewood

Subdivision: Laurel Valley Lot: 39

Construction Type: (Please Check) Building Use: (Please Check)  
 New  Residential  
 Renovation  Modular  
 Addition  Commercial  
 Moved House  Multi-Family  
 Other

Description of Proposed Work: \_\_\_\_\_  
Total Project Cost: \_\_\_\_\_

**Building Permit Information**

Heated SF 2480 Crawl Space ( ) Building Construction Cost \$ 109,300  
Unheated SF 576 Slab (X) Acres Disturbed \_\_\_\_\_ Stories 2  
Steve Jernigan 919-625-0367

Building Contractor's Company Name Telephone  
4604 Forest Highland Dr. 53365  
Address License #

Signature of Officer(s) of Corporation  
Steve Jernigan

**Electrical Permit Information**

Description of Work New Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes (X) No ( ) Underground (X) Overhead ( )  
Permanent Service: Underground (X) Overhead ( ), Service Size: 200 Amps  
Wester & Pace

Electrical Contractor's Company Name Telephone  
546 Leslie Dr., Sanford NC 919-499-5389  
William Wester

Address  
William Wester  
Signature of Officer(s) of Corporation

License # 23670-12W-76

**Mechanical Permit Information**

Description of Work New  
Number of Units 1 Type System Heat Pump Mechanical Cost \$ \_\_\_\_\_  
Jackson's Heating & Air

Mechanical Contractor's Company Name Telephone  
Jackson Heating & Air 910-891-5410  
PO Box 82, Benson, NC  
David Jackson

Address License #23670  
David Jackson  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New  
Number of Baths 2 1/2 Plumbing Cost \$ \_\_\_\_\_

Plumbing Contractor's Company Name Telephone  
L R Glover Plumbing Inc. 910 820-0026  
PO Box 764 Benson, NC 27504  
Lee Glover

Address Joe Mason  
Signature of Officer(s) of Corporation

License # 07958

**Insulation Permit Information**

Residential (X) Other ( ) Not Required ( )  
Tri City

Po Box 6405, 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 \_\_\_

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.

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

8-15-06  
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: SEK Homes

By/Title: Steve Jingu

Date: 8-15-06

SLAB

S + K Homes

8-15-86

Required Inspections for SFA/SFD

Appl #  
Valuation  
Sq. Ft

06 50015565  
\$198,554  
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