

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 06-50015598
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit

Owner's Name: Raynor Builders Inc. Date: 9-29-06

Address: 301 N Raleigh St Angier N.C. 27501 Phone: 639-3012

Directions to job site from Lillington: 401 N 6 miles toward FOGUAY

T-L on Chalybeate Sub on left.

Subdivision: Dexter Field Lot: 21

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

Total Project Cost: _____ Description of Proposed Work: SFD

General Contractor Information

Heated SF 1800 Crawl Space Building Construction Cost \$ 135,000.00
Unheated SF 650 Slab Acres Disturbed _____ Stories 1.5

Raynor Builders Inc. Telephone 639-3012

Building Contractor's Company Name Address _____ Telephone 40079

301 N Raleigh St. Angier N.C. 27501 License # _____

Address _____

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

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____

TS Pole: Yes No Underground Overhead

Permanent Service: Underground Overhead Service Size: 200 Amps

Mabrys Electrical Service Telephone 639-4837

Electrical Contractor's Company Name Address _____ Telephone 150777 L

Address _____ License # _____

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____

Number of Units 2 Type System split Mechanical Cost \$ _____

JCS Heating & Air Telephone 557-3053

Mechanical Contractor's Company Name Address _____ Telephone 126554-3

Holly Springs N.C. License # _____

Address _____

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____

Number of Baths 2 Plumbing Cost \$ _____

Barnes Plumbing Telephone 639-3401

Plumbing Contractor's Company Name Address _____ Telephone 17735

Angier N.C. License # _____

Address _____

Signature of Officer(s) of Corporation

Insulation Permit Information

Residential Other Not Required

Datum Insulation Address GARNER N.C. Telephone _____

Insulation Contractor's Company Name _____ Telephone _____

Sprinkler System Information

<u>Sprinkler Contractor's Company Name</u>	<u>Telephone</u>
<u>Contact Person</u>	
<u>Address</u>	<u>License #</u>
<u>Signature of Officer(s) of Corporation</u>	

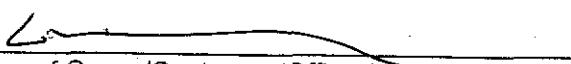
Fire Alarm System Information

<u>Fire Alarm Contractor's Company Name</u>	<u>Telephone</u>
<u>Contact Person</u>	
<u>Address</u>	<u>License #</u>
<u>Signature of Officer(s) of Corporation</u>	

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 Department of any and all changes.


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

9-29-06
Date

**Affidavit for Worker's Compensation
N.C.G.S. 87-14**


The undersigned applicant for Building Permit # 06-50015598 being the:

- General 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: Raynor Builders Inc.
Sign/Title: OWNER 
Date: 9-29-06

RAYNOR BUILDERS

Required Inspections for SFA/SFD

Appl # 06500/3598
Valuation \$147,421
Sq. Ft 2269

9-19-06

- | <u>Seq</u> | |
|------------|--------------------------------------------------------------|
| 10 | <input checked="" type="checkbox"/> R*Bldg Footing |
| 10-30 | <input checked="" type="checkbox"/> R*Elec Temp Service Pole |
| 20 | <input checked="" type="checkbox"/> R*Bldg Foundation |
| 20 | <input checked="" type="checkbox"/> Address Confirmation |
| 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 checked="" type="checkbox"/> Four Trade Rough In |
| 40 | <input 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 checked="" type="checkbox"/> Four Trade Final |
| 60 | <input 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 |

- | <u>Seq</u> | |
|------------|--------------------------------------------------------------|
| 60 | <input type="checkbox"/> Two Trade Final > 2500 |
| 60 | <input type="checkbox"/> One Trade Final |
| 60 | <input type="checkbox"/> One Trade Final > 2500 |
| 999 | <input checked="" type="checkbox"/> Envir. Operations Permit |