

0650015603

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27548  
Telephone Number 910-893-4759

Application for Building and Trade Permit

Owner's Name: James Kay Date: 10/6/06  
Address: 86 CP Stewart Rd Lillington Phone: 910 984-7371  
Directions to job site: 421 N to Triumph Village take left into Village  
lot back on left

Subdivision: Triumph Village Lot: 2  
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 \_\_\_\_\_ Crew Space (N) \_\_\_\_\_ Building Construction Cost \$ \_\_\_\_\_  
Unheated SF \_\_\_\_\_ Stab ( ) \_\_\_\_\_ Acres Disturbed \_\_\_\_\_ Stories 1  
Building Contractor's Company Name: James Kay Construction Telephone: (910) 893-3281  
86 CP Stewart Rd Lillington Telephone: 55442  
Address: \_\_\_\_\_ License #: \_\_\_\_\_  
Signature of Officer(s) of Corporation: James Kay

Electrical Permit Information

Description of Work: Electrical Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: \_\_\_\_\_ Amps  
Lioner Electric Lillington, NC Telephone: 910-818-3257  
Electrical Contractor's Company Name: \_\_\_\_\_ Telephone: 21643  
80 Hill Thomas Rd Lillington NC 27546 License #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature of Officer(s) of Corporation: [Signature]

Mechanical Permit Information

Description of Work: HVAC Mechanical Cost \$ \_\_\_\_\_  
Number of Units \_\_\_\_\_ Type System: Tane \_\_\_\_\_  
Deasley Heating and Air Telephone: 892-1403  
Mechanical Contractor's Company Name: \_\_\_\_\_ Telephone: 9497  
7227 Plain View Hwy Dunn License #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature of Officer(s) of Corporation: [Signature]

Plumbing Permit Information

Description of Work: Plumbing Plumbing Cost \$ \_\_\_\_\_  
Number of Baths \_\_\_\_\_  
Tamie Johnson Telephone: \_\_\_\_\_  
Plumbing Contractor's Company Name: \_\_\_\_\_ Telephone: 21649  
7591 old us 421 License #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature of Officer(s) of Corporation: [Signature]

Insulation Permit Information

Residential ( ) Other ( ) Not Required ( )  
Insulation \_\_\_\_\_  
418 Parson St

**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 Hamett 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 Hamett County Central Permitting Division of any and all changes.

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

10/6/06  
\_\_\_\_\_  
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: \_\_\_\_\_

*James Kay Construction*

By/Title: \_\_\_\_\_

*Owner*

Date: \_\_\_\_\_

*10/6/06*



6-1

10-10-06

James Ray

### Required Inspections for SFA/SFD

Appl # 0650015603  
 Valuation \$105,125  
 Sq. Ft 1,618

- Seq**
- 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

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

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

Application # \_\_\_\_\_

**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: Brian Wicking Date: 4-15-07

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Directions to job site from Lillington: 401 N. ① Tirzah Dr. All the way back. New Construction White/Blue trim

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

**Construction Type: (Please Check)**

New  Moved House  
 Renovation  Addition  Other

**Building Use: (Please Check)**

Residential  Commercial  
 Modular  Multi-Family

Total Project Cost: \$15,000 Description of Proposed Work: Adding 24x26 building

**General Contractor Information**

Heated SF \_\_\_\_\_ Crawl Space ( ) Slab (X) Building Construction Cost \$ \_\_\_\_\_  
Unheated SF 624 Acres Disturbed \_\_\_\_\_ Stories 1

Mow Joe Landscaping LLC 910 814 8005  
Building Contractor's Company Name Telephone

308 S. 1st Lillington \_\_\_\_\_  
Address License #

Joseph E. ...  
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp

**Electrical Permit Information**

Description of Work Add lights/receptacle Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )

Permanent Service: Underground ( ) Overhead ( ) Service Size: \_\_\_\_\_ Amps  
Pioneer Electric

Electrical Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work \_\_\_\_\_  
Number of Units \_\_\_\_\_ Type System \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_

Mechanical Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_

Plumbing Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential ( ) Other ( ) Not Required ( )

Insulation Contractor's Company Name & Address Telephone

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

The undersigned applicant for Building Permit # \_\_\_\_\_ 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.

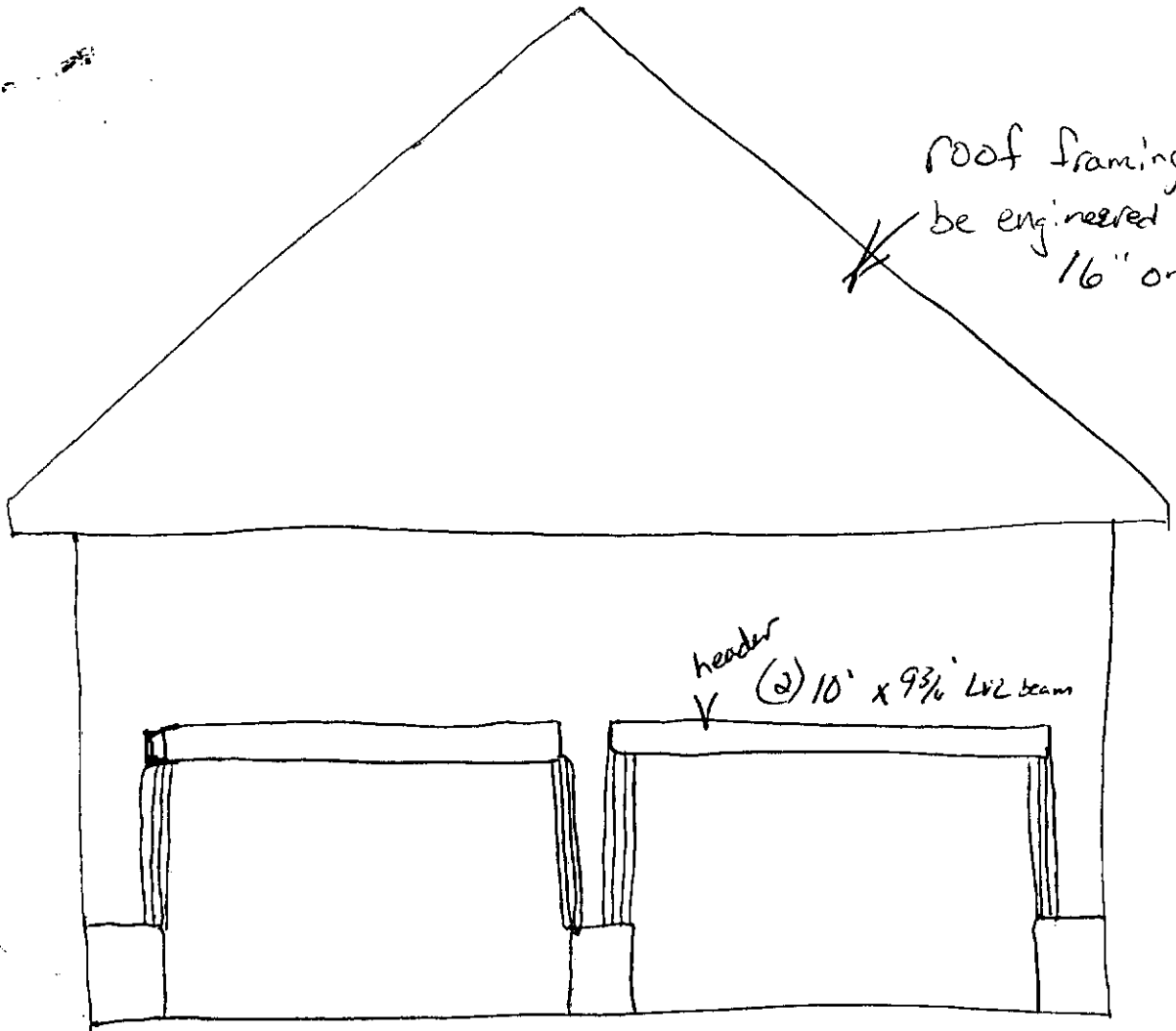
\_\_\_\_\_ Has/have not more than two (2) employees and no subcontractors.

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: Mow Joe Landscaping LLC

Sign/Title: Joseph E. Smith ; President

Date: 4-15-07

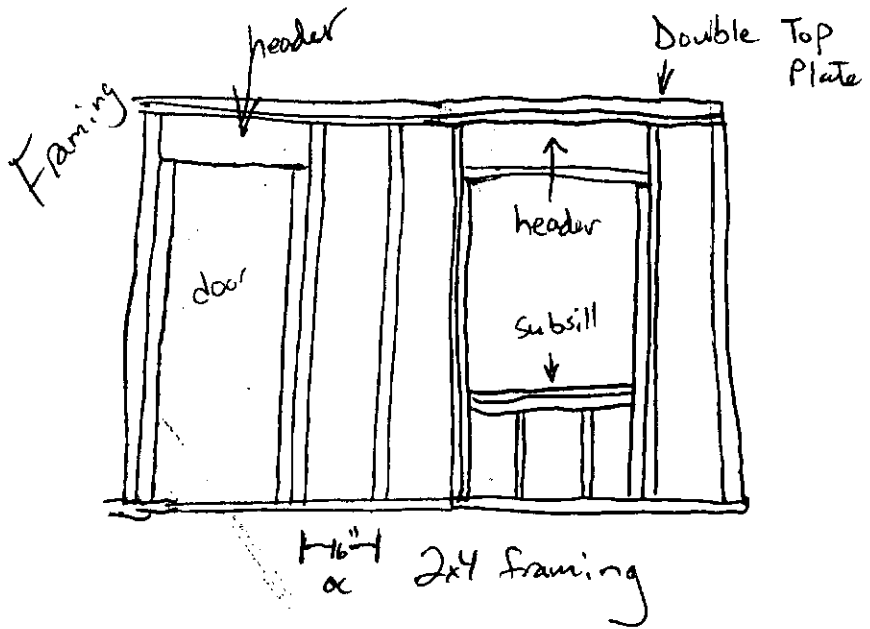


roof framing to  
be engineered truss  
16" on center

header  
(2) 10' x 9 3/4" LVL beam

93"

\* Outside wall panels  
will be 7/16" OSB



header

Double Top  
Plate

Framing

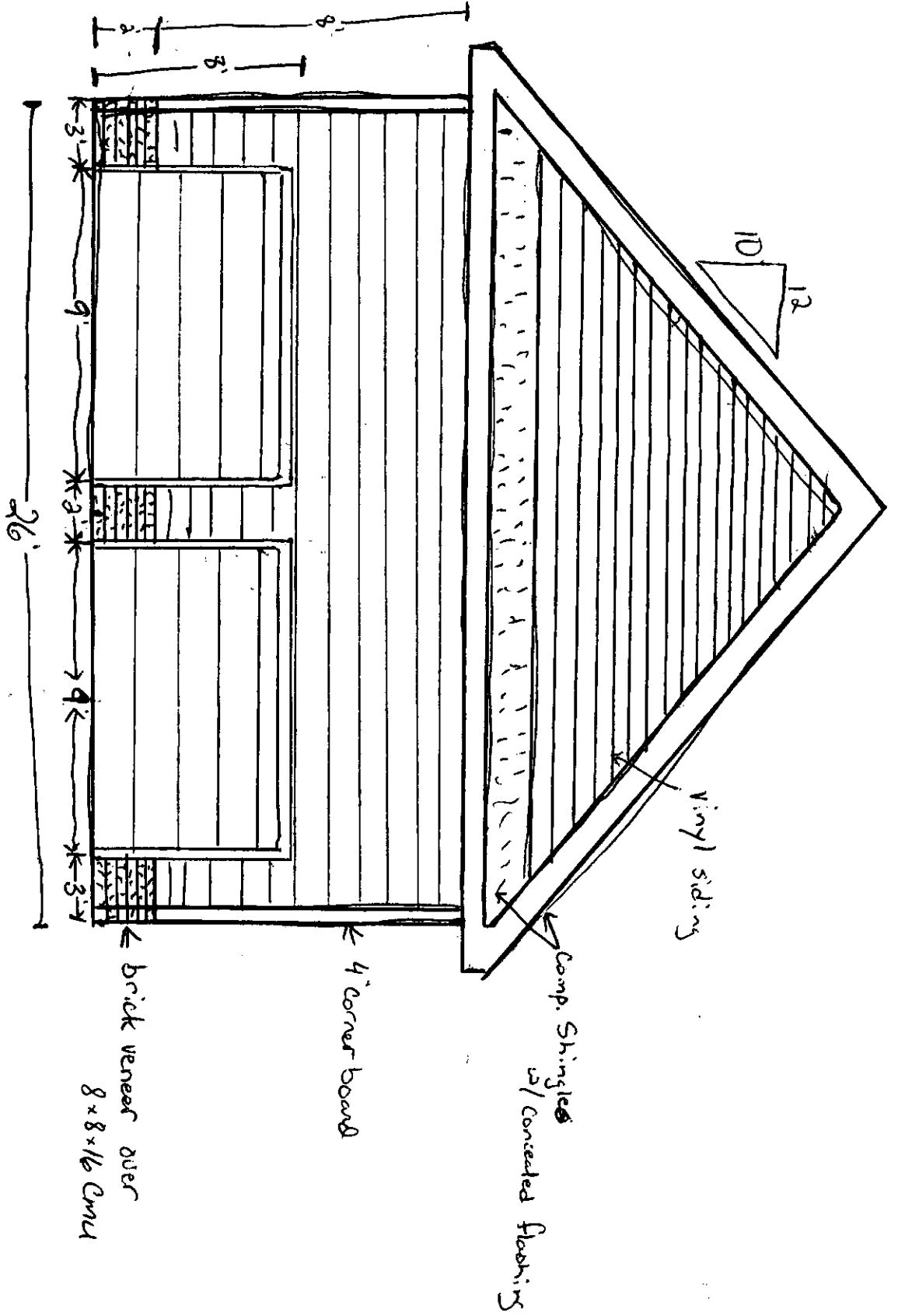
door

header

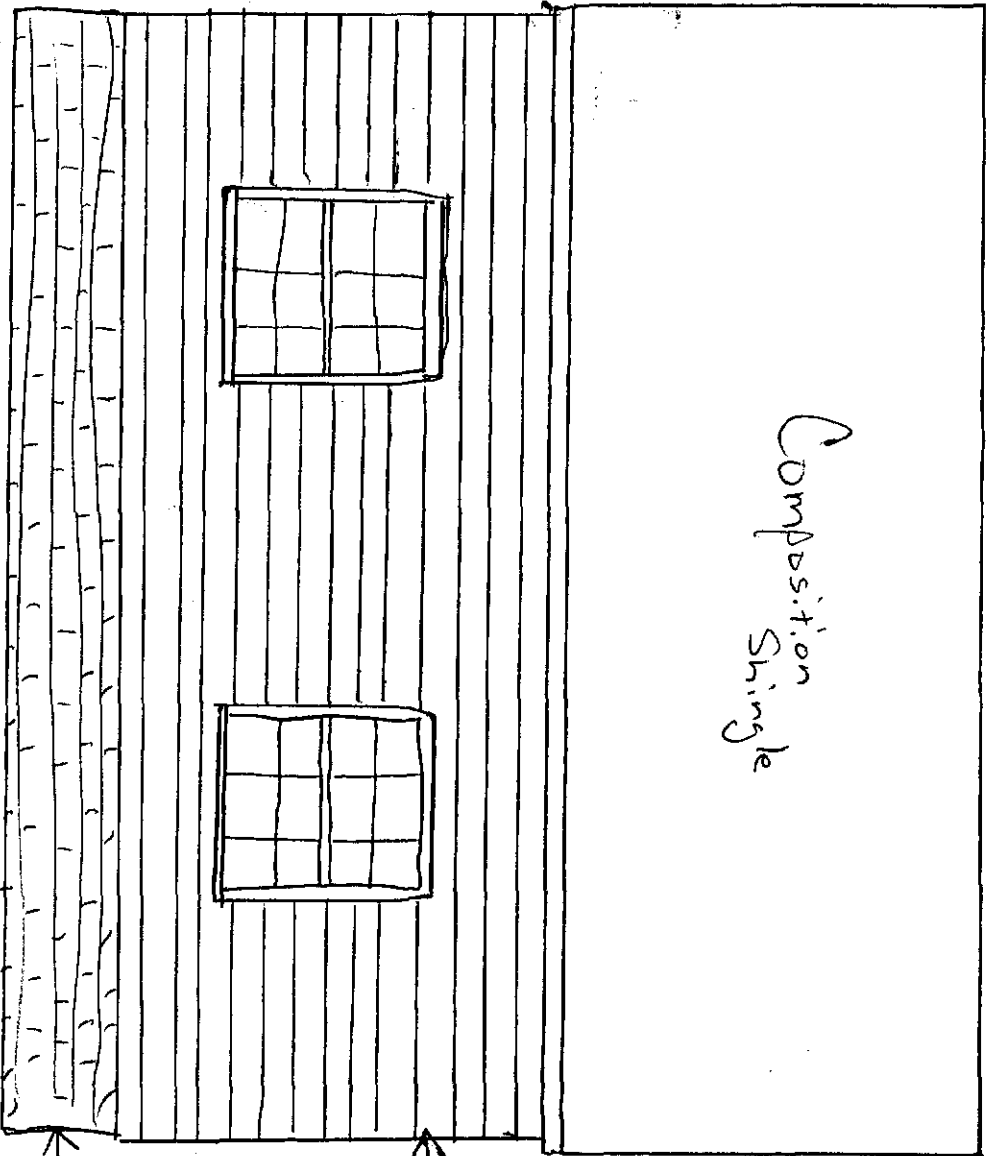
subsill

16" oc 2x4 framing

Front View



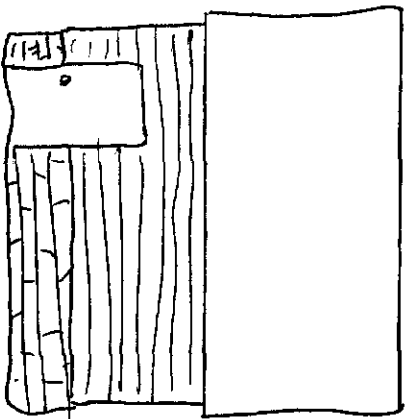




Composition  
Shingle

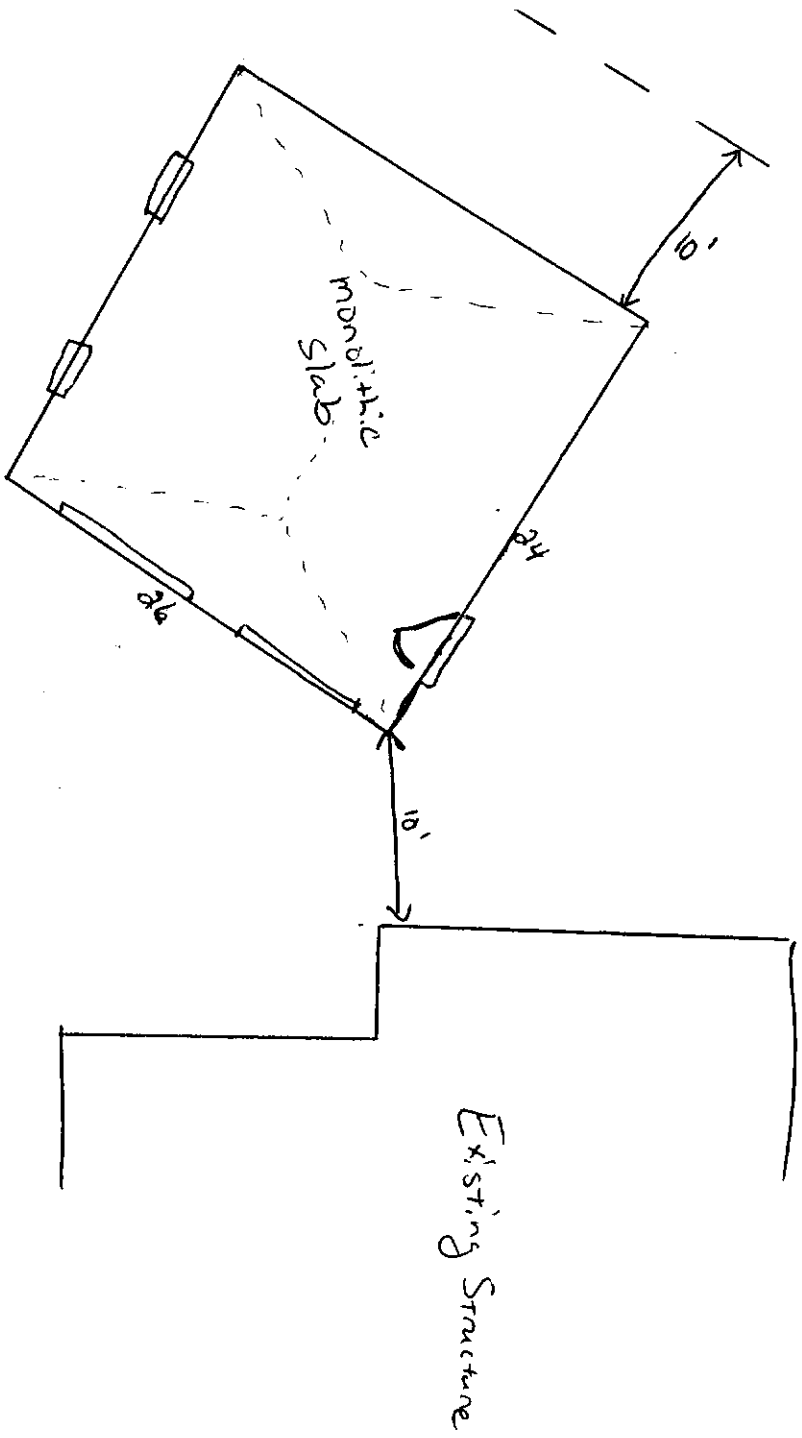
← Vinyl  
Siding

← brick veneer



Right side  
door is 2'8"  
x 6'8"

Left side  
(Right is same w/ 0 windows)  
add door



Plot Plan

