

**Application for Building and Trade Permit**

Owner's Name: Michael Anderson Homes, Inc. Date: 9-13-06  
Address: 180 Woodland Ridge Drive, Fuquay-Varina, NC Phone: (919) 552-1790  
Directions to job site: 401 N, right on Lafayette Rd, right into Victoria Hills II, right on Tylerstone Dr, right on Bergeron Ct.

Subdivision: Victoria Hills II Lot: 148

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

Description of Proposed Work: New Const.  
Total Project Cost: \$140,000

**Building Permit Information**

Heated SF 1786 Crawl Space  Building Construction Cost \$ 140,000  
Unheated SF 1098 Slab ( ) Acres Disturbed 1 Stories 2  
Building Contractor's Company Name Michael Anderson Homes, Inc. Telephone (919) 552-1790  
180 Woodland Ridge Drive, Fuquay-Varina, NC License # 50512  
Address 27526  
Signature of Officer(s) of Corporation Michael Anderson

**Electrical Permit Information**

Description of Work New Homes Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes  No ( ) Underground  Overhead ( )  
Permanent Service: Underground  Overhead ( ) Service Size: 200 Amps  
919.552-5858  
Electrical Contractor's Company Name Non Neal Sims ELEC SERVICE Telephone 19526-6  
Address 400 ALLANBROOKE LANE Fuquay Varina, NC License # \_\_\_\_\_  
Signature of Officer(s) of Corporation Cole Neal Sims 27526

**Mechanical Permit Information**

Description of Work New homes Mechanical Cost \$ \_\_\_\_\_  
Number of Units \_\_\_\_\_ Type System \_\_\_\_\_  
Jerrigan's Heating + Cooling Telephone (910) 897-5217  
Mechanical Contractor's Company Name 22 Hickory Tree Lane, Angier, NC 27501 License # 19342  
Address \_\_\_\_\_  
Signature of Officer(s) of Corporation [Signature]

**Plumbing Permit Information**

Description of Work New residential Plumbing Plumbing Cost \$ \_\_\_\_\_  
Number of Baths \_\_\_\_\_  
Griffin and Son Plumbing Telephone (910) 893-2569  
Plumbing Contractor's Company Name P.O. Box 232, Buies Creek, NC 27506 License # 15696  
Address \_\_\_\_\_  
Signature of Officer(s) of Corporation [Signature]

**Insulation Permit Information**

Residential  Other ( ) Not Required ( )  
Insulating Inc. - license - 11972 1212 Home Ct, Raleigh, NC Telephone (919) 772-9000  
Insulation Contractor's Company Name Address 27603

**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 in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

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

9-13-06  
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: Michael Anderson Homes, Inc.  
By/Title: Michael Anderson, president  
Date: 9-13-06

C-7

9-13-06  
ANDERSON, Homes

**Required Inspections for SFA/SFD**

Appl # 0650015743  
Valuation \$147,486  
Sq. Ft 2270

- 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