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

## 06-50015746

C2

Application for Built	ding and Trade Permit	
	TwcDate:	
OWING STRAINS.	NC 37501 Phone: 7/2-427-4638	
Directions to job site: Hwy. 401.	tern left on chaly beate Rd	
TREUMONS TO DO SITO.	torn left 2nd street loton left.	
	. नर	
Subdivision: Dextertical	Lot:	
Construction Type: (Please Check) Bu	ilding Use: (Please Check)	
New	Residential	
Renovation	Modular	
Addition	Commercial	
Moved House	Multi-Family	
Other 12 January 12 Ja	mily	
Description of Proposed Work: Sinde Fa		
Total Project Cost: 4 120,000		
Building Per	mit Information	
BU Bull Space (8)	ilding Construction Cost \$	
AC	res DisturbedStories	
Keith Bullost Buildos INC.	919-427-4628	
Building Contractor's Company Name	Telephone 47504	
72 Overlock Ct, Angier, NC 27501	License #	
Address	License #	
formation of Corporation		
Signature of Officer(s) of Corporation		
Electrical Pe	rmit Information	
D wildow of Mork	Electrical Cost \$	
	verheard ()	
Permanent Service: Underground (4) Overhead	() Service Size:AmpsAmps	
Key Dean Electoral	Tolophone	
Electrical Contractor's Company Name	Telephone 5748	
8039 Remedent Bythow Spins	License #	
Address 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Signature of Officer(s) of Corporation		
• •		
<u>Mechanical P</u>	ermit Information	
Description of Work New	Mechanical Cost S	
Number of Units Type System	639-3227	
Joing's Electric INC.	Telephone	
Mechanical Contractor's Company Name	HO4469	
Po Bot 398 Angier	License #	
Ted your of Allert		
Signature of Officer(s) of Corporation		
·		
, Plumbing Pe	ermit Information	
Description of Work		
Number of Baths	Plumbing Cost \$	
(1) & (1) Aymaine Co. INC.	639-0194	
Plumbing Contractor's Company Name	Telephane 14087	
Po Box 1004 Anger	License #	
Address	Figerize #	
aid well of a coullick		
Signature of Officer(s) of Corporation	* ·	
Insulation Permit Information		
Residential () Other () Not Required ()	1212 Home Ct. Biles 1 772 - 9000	
Insulation Contractor's Company Name	Address Talephone	
enterents		

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

The undersigned applicant for building Ferr	int # being	uic.
Contractor  Officer/Agent of the Contra	actor or Owner	1
Do hereby confirm under penalties of performing the work set forth in the permit:	perjury that the person(s),	firm(s) or corporation(s)
Has/have three (3) or mor compensation insurance to	e employees and has/have of cover them.	obtained workers'
Has/have one (1) or more compensation insurance to	subcontractors(s) and has/rocover them.	nave obtained workers'
	subcontractors(s) who has/b surance covering themselves	
Has/have not more than to	vo (2) employees and no sul	ocontractors.
While working on the project for which the Permitting Department issuing the permit compensation insurance prior to issuance of from any person, firm or corporation carrying	t may require certificates f the permit and at any time	of coverage of worker's
Firm Name: Leth Sullast	- Suildes I	nk.
By/Title: Sulley	,	
Date: 5-78-06		

## Required Inspections for SFA/SFD Appl# Seq 10 R\*Bldg Footing R\*Elec Temp Service Pole 10-30 20 R\*Bldg Foundation 20 Address Confirmation 999 30-999 R\*Open Floor R\*Bldg Slab Insp 30-999 R\*Elec Under Slab 30-999 R\*Plumb under Slab R\*Bidg Water/Damp Proofing 30-999 Four Trade Rough In 40 40 Four Trade Rough In > 2500 Three Trade Rough In 40 Three Trade Rough In > 2500 40 40 Two Trade Rough In Two Trade Rough in > 2500 40 40 One Trade Rough In One Trade Rough In > 2500 40 R\*Insulation Inspection 50 Four Trade Final 60 Four Trade Final > 2500 60 60 Three Trade Final Three Trade Final > 2500 60 Two Trade Final 60

Sq. Ft	2389
<u>Seq</u>	
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500

Envir. Operations Permit