

15748

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 #  
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: Robert Pope Date: 9-14-06  
Address: 1305 N. Wellons Ave DUNN NC 28331 Phone: 919-868-2912  
Directions to job site from Lillington: 421 Towards DUNN, on Hwy 27  
on Bricknall rd, approx 2 miles sub. on left.  
Subdivision: Cottleston Estates Lot: 3

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

Total Project Cost: \$175,000 Description of Proposed Work: Build New House

General Contractor Information

Heated SF 2394 Crawl Space  Building Construction Cost \$ \$175,000  
Unheated SF Slab () Acres Disturbed .5 Stories 1 1/2  
Robert J. Pope Builders Telephone 919-868-2912  
Building Contractor's Company Name 1305 N Wellons Ave DUNN NC 28331 Telephone 60584  
Address Robert J. Pope License #  
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work New Construction Electrical Cost \$ 6,000  
TS Pole: Yes  No  Undergound  Overhead   
Permanent Service: Undergound  Overhead  Service Size: 200 Amps  
Byrns Electric & Repair Telephone 919-894-3139  
Electrical Contractor's Company Name 143 Mingo Rd. Benson NC 27504 Telephone 70256-4  
Address James H. Byrns License #  
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work 2nd. OD HVAC System Mechanical Cost \$ 7,700.00  
Number of Units 2 Type System Heat Pump Telephone 919-894-5151  
B&S HVAC Co Inc License # 4256  
Mechanical Contractor's Company Name 5646 Elevation rd, Benson NC 27502  
Address Danny Barbera Pres  
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New Construction Plumbing Cost \$ 5,500  
Number of Baths 2 1/2 Telephone 919-894-5817  
Brent Adams Plumbing & Construction Inc License # 17359  
Plumbing Contractor's Company Name P.O. Box 45 Benson NC 27504  
Address John P. Allen  
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential  Other  Not Required   
Top Insulation II Address 519 Old Doughtyfield Corner Telephone 919 661-0999  
Insulation Contractor's Company Name

**Sprinkler System Information**

N/A  
Sprinkler Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ License # \_\_\_\_\_  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Fire Alarm System Information**

N/A  
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.

[Signature] \_\_\_\_\_ Date 9/14/06  
Signature of Owner/Contractor/Officer(s) of Corporation

**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: Robert I Pope Builders

Sign/Title: president

Date: 9/14/06

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BS  
ROBBI-1

DATE (MM/DD/YYYY)  
09/14/06

**PRODUCER**  
Ellis Barbour & Sons, Inc.  
P. O. Box 879  
1302 W. Cumberland St.  
Dunn NC 28335  
Phone: 910-892-3185 Fax: 910-892-3470

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW**

**INSURED**  
  
**Robbie Pope**  
Wellons Ave  
Dunn NC 28334

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Scottsdale Insurance Company	
INSURER B:	North Carolina Rate Bureau	
INSURER C:		
INSURER D:		
INSURER E:		

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	BYZLX091406	09/14/06	09/16/07	EACH OCCURRENCE	\$ 1000000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 60000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ excluded
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ 1000000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2000000
						PRODUCTS - COMPI/OP AGG	\$ 1000000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		RETENTION \$					\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	NCRB091406	09/14/06	09/14/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					
		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$ 100000
		OTHER				E.L. DISEASE - EA EMPLOYEE	\$ 100000
						E.L. DISEASE - POLICY LIMIT	\$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

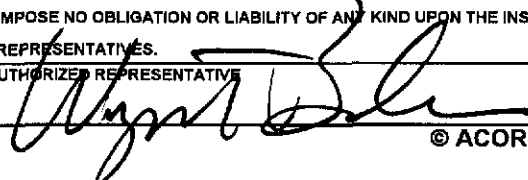
**CITY OF DUNN**  
P.O. BOX 1065  
DUNN NC 28335

CITY OF D

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



L-1 F-1

CRAWL SPACE

ROBERT POPE

9-15-06

Required Inspections for SFA/SFD

Appl # 6650015748  
Valuation \$188,094  
Sq. Ft 2895

- 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