

15-197

* 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: StK Homes Date: 9/25/06
Address: 4609 Forest Highland Dr. Rd., NC 27604 Phone: 625-0363
Directions to job site from Lillington: _____

Subdivision: Lowell Valley Lot: 41

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: _____

General Contractor Information

Heated SF 2418 Crawl Space () Building Construction Cost \$ 105,200
Unheated SF 76 Slab (X) Acres Disturbed _____ Stories 2
Steve Ferrigan 919 625-0363

Building Contractor's Company Name Telephone
4609 Forest Highland Dr. Rd., NC 27604 53365
Address License #

Steve Ferrigan
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information

Description of Work New Electrical Cost \$ _____
TS Pole: Yes (X) No () Underground (X) Overhead ()
Permanent Service: Underground (X) Overhead () Service Size: 200 Amps
Wester & Pace 919-499-5389

Electrical Contractor's Company Name Telephone
546 Leslie Dr. Sanford, NC 1200-76
Address License #

William Wester 12007-U
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New
Number of Units 1 Type System Heat Pump Mechanical Cost \$ _____
Jacksons Heating & Air 910-891-5410

Mechanical Contractor's Company Name Telephone
PO Box 82 Benson, NC 23670
Address License #

David Jackson
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New
Number of Baths 2 1/2 Plumbing Cost \$ _____
LR Glover Plumbing Inc. 910-820-0026

Plumbing Contractor's Company Name Telephone
PO Box 76A Benson, NC 27504 07958
Address License #

Lee Glover
Signature of Officer(s) of Corporation

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

TRI CITY Insulation 418 Person St. Fay, NC 910 486-8855
Insulation Contractor's Company Name & Address Telephone

Sprinkler System Information - Commercial

Sprinkler Contractor's Company Name _____ Telephone _____

Contact Person _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Fire Alarm System Information - Commercial

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 Department of any and all changes.



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

9/25/06

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: SEK Homes

By/Title: Steve J. J. J.

Date: 9/25/06

S+K
9-25-06

D-8

Required Inspections for SFA/SFD

Appl # 0650015797
Valuation \$199,724
Sq. Ft 3074

- 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