

* 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 # 00-50015825

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: BRADLEY BUILT INC. Date: 9/28/06
Address: 466 STANL RD ANGLER NC Phone: 639-2073
Directions to job site from Lillington: 210 E L ON TRIPP ROAD
SUBD. 1/2 MILE ON LEFT LOT # 35
Subdivision: PLANTATION @ VINEWOOD GREENS Lot: 35

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

Total Project Cost: 150,000.00 Description of Proposed Work: NEW HOME

Heated SF 2000 Crawl Space Building Construction Cost \$ 150,000.00
Unheated SF 900 Slab Acres Disturbed 0.6 Stories 1.5

BRADLEY BUILT INC 919 439 2073
Building Contractor's Company Name Telephone
466 STANL RD ANGLER 54519
Address License #

Bradley A. Hill
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Description of Work RES. Electrical Permit Information Electrical Cost \$ 4000.00

TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead Service Size: 200 Amps
STANL & OLIVER ELEC. 919-639-2073
Electrical Contractor's Company Name Telephone

466 STANL RD ANGLER 13075-L
Address License #
Bradley A. Hill
Signature of Officer(s) of Corporation

Description of Work RES Mechanical Permit Information
Number of Units 2 Type System 13 SER Mechanical Cost \$ 6000.00

J.C.'S HEATING & AC 552-6758
Mechanical Contractor's Company Name Telephone
1539 WADE-STEPHENSON RD 110LLY SPRINGS 12655-113
Address License #

Bradley A. Hill
Signature of Officer(s) of Corporation

Description of Work RES Plumbing Permit Information
Number of Baths 2.5 Plumbing Cost \$ 8000.00

BAWES PLUMB. INC. 639-0935
Plumbing Contractor's Company Name Telephone
PO BOX 1207 ANGLER 17135
Address License #

Larry James
Signature of Officer(s) of Corporation

Insulation Permit Information Residential Other Not Required
INSULATION INC. 1212 HOME CT RALPHA 772-9000
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.

[Handwritten Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

9/28/06
Date

**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: BRADLEY BUILT INC.

Sign/Title: *Donald L. ...* OWNER / PRES

Date: 9/26/06

✓

Plan Box Number I-2

Job Name BRADLEY BUILT

Date: 3-29-07

Required Inspections for SFA/SFD

Appl. # 0650015825
Valuation \$151,059
Sq. Feet 2325

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit