

Application for Building and Trade Permit

Owner's Name: Regency Homes Inc. Date: 8-1-06
Address: 6506 Mental Lane Fayetteville, NC 28314 Phone: 910-424-0455
Directions to job site: 1000 Hwy 27 @ Hwy 24 @ Cameron Hill Rd @ Yorkshire Dr.
1 Checkmate Ct.

Subdivision: Yorkshire Plantation Lot: 109
Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other
Description of Proposed Work: Residence
Total Project Cost: _____

Building Permit Information

Heated SF 2318 Crawl Space
Unheated SF 595 Slab ()
Building Contractor's Company Name: Regency Homes Inc.
6506 Mental Lane Fayetteville NC
Address: _____
Signature of Officer(s) of Corporation: _____
Building Construction Cost \$ _____
Acres Disturbed .344 Stories 2
Telephone: 910-424-0455
License #: 32067-4

Electrical Permit Information

Description of Work: Electric Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: 200 Amps
Lorrie Smith Electric
Electrical Contractor's Company Name: _____
1063 Carl Freeman Rd
Address: _____
Signature of Officer(s) of Corporation: _____
Telephone: (910) 975-6638
License #: 25606

Mechanical Permit Information

Description of Work: Mechanical
Number of Units: 2 Type System: Elec Mechanical Cost \$ _____
Mike's Heating & Air
Mechanical Contractor's Company Name: _____
409 Sutter Rd
Address: _____
Signature of Officer(s) of Corporation: Michael Meant
Telephone: 23108
License #: _____

Plumbing Permit Information

Description of Work: Plumbing
Number of Baths: _____ Plumbing Cost \$ _____
Coats Air & Plumbing
Plumbing Contractor's Company Name: _____
6243 Goldsboro Rd
Address: _____
Signature of Officer(s) of Corporation: _____
Telephone: 910-531-3111
License #: 7269

Insulation Permit Information

Residential Other () Not Required ()
Insulation Contractor's Company Name: In-City Insulation Address: 418 Person St Fayetteville NC Telephone: 910-486-8855

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 X

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 of Owner/Contractor/Officer(s) of Corporation

Date

8-1-06

**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: Agency Homes Inc.

By/Title: Jim Pacylawski/Owner

Date: 8-1-02

REGENCY
10-3-06

Required Inspections for SFA/SFD

Appl # 06560/5830
Valuation \$186,014
Sq. Ft 7863

<u>Seq</u>	
10	<input checked="" type="checkbox"/> R*Bldg Footing
10-30	<input checked="" type="checkbox"/> R*Elec Temp Service Pole
20	<input type="checkbox"/> R*Bldg Foundation
20	<input type="checkbox"/> Address Confirmation
30-999	<input checked="" type="checkbox"/> R*Open Floor
30-999	<input type="checkbox"/> R*Bldg Slab Insp
30-999	<input type="checkbox"/> R*Elec Under Slab
30-999	<input type="checkbox"/> R*Plumb under Slab
30-999	<input type="checkbox"/> R*Bldg Water/Damp Proofing
40	<input type="checkbox"/> Four Trade Rough In
40	<input checked="" type="checkbox"/> Four Trade Rough In > 2500
40	<input type="checkbox"/> Three Trade Rough In
40	<input type="checkbox"/> Three Trade Rough In > 2500
40	<input type="checkbox"/> Two Trade Rough In
40	<input type="checkbox"/> Two Trade Rough In > 2500
40	<input type="checkbox"/> One Trade Rough In
40	<input type="checkbox"/> One Trade Rough In > 2500
50	<input checked="" type="checkbox"/> R*Insulation Inspection
60	<input type="checkbox"/> Four Trade Final
60	<input checked="" type="checkbox"/> Four Trade Final > 2500
60	<input type="checkbox"/> Three Trade Final
60	<input type="checkbox"/> Three Trade Final > 2500
60	<input type="checkbox"/> Two Trade Final

<u>Seq</u>	
60	<input type="checkbox"/> Two Trade Final > 2500
60	<input type="checkbox"/> One Trade Final
60	<input type="checkbox"/> One Trade Final > 2500
999	<input checked="" type="checkbox"/> Envir. Operations Permit