mustery.

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

12840

Application for B	uilding and Trade Permit
CHERICAL RUMAN	Date:
Address: IID? of PAIELS. FILES	AND PLANT PHUNE. 63 F. RES
Directions to job site: Dun Lillington	ON WED DEWARD, PILAR INTO BOATS POINTS
LEST ON TAMES NORWS, LEFT	ON WEU LENNING 1 -1 THE THINK I
Subdivision: ADAMS POINTE	Lot:
Construction Type: (Please Check)	Building Use: (Please Check)
New	Residential
Renovation	Modular
Addition	Commercial
Moved House	Multi-Family
Other Office of the	o, al
Description of Proposed Work:	
Total Project Cost: 140 000 2	
Building I	Permit Information
Heated SF Crawl Space (4)	Building Construction Cost \$ 17000
Unheated SFSlab ()	Acres Disturbed Stories
STEPHENSON BUNDED INS.	919-619. 2862 (M-9194228654)
Building Contractor's Company Name	Telephone / 5 3 604
1187 A. PAKER ST. ANGUR, N.C. 275	License #
Address	
Signature of Officer(s) of Corporation	-
Signature of Critical (c) of Corporation	
Electrical Electrical	Permit Information
Description of Work	Electrical Cost \$
TS Pole: Yes (No () Underground (Overheard () ad () Service Size:Amps
Permanent Service: Underground () Overhe	919-552-4282
REF A DEAN ELECTRICAC	Telephone
Electrical Contractor's Company Name Bo 39 Kewesse Rt www Sam	
Address) 2:	SÝŽ License #
Che a Dan	
Signature of Offiber(s) of Corporation	-
· ·	
	I Permit Information
Description of Work	Mechanical Cost \$ 5000-
Number of Units Type System	919-552-6258
Mechanical Contractor's Company Name	Telephone
1580 LAGE SHEWLEN AL ALLY SAGE	WAL 12655 H-3V
Address	License #
Therefore Break	_
Signature of Officer(s) of Corporation	
Phi In Line	Down to Information
, , , , , , , , , , , , , , , , , , , 	Permit Information
Description of Work	Plumbing Cost \$ 3600 -
Number of Baths 2	919-639-0195
116 W. FLANCE CO. INC.	7/7 - E/7/ U/ - Z-1
Discribing Contractor's Company Name	
Diumbing Contractor's Company Name	Telephone
Plumbing Contractor's Company Name Sry 1004 AH6/64 AC. 2751/	Telephone
Plumbing Contractor's Company Name Set 1004 Antoine M.C. 27511 Address // Malla	Telephone
Plumbing Contractor's Company Name Sry 1004 AH6/64 AC. 2751/	Telephone
Plumbing Contractor's Company Name Sty 100 4 A+6/66 AC. Z238/ Address //// Signature of Officer(s) of Corporation	Telephone **License #
Plumbing Contractor's Company Name Sylvay Addition Address Signature of Officer(s) of Corporation Insulation	Telephone License #
Plumbing Contractor's Company Name See 100 4 A+6/6/6 AC. Z-258/ Address Signature of Officer(s) of Corporation Insulation Insulation	Telephone **Comparison of the comparison of the

	Application #
Sprinkler Syster	n Information - Commercial
Sprinkler Contractor's Company Name	Telephone
Contact Person	·
Address	License #
Signature of Officer(s) of Corporation Fire Alarm Syste	m Information - Commercial
Fire Alarm Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation Dri	iveway Access
NC Department of Transportation Driveway Acce	ss/Permit? Yes No
and that the construction will conform to the remarkable Mechanical codes, and the Harnett County Zon contractors is correct as known to me and if any building and trade plans/Environmental Health of	e necessary application, that the application is correct regulations in the Building, Electrical, Plumbing and ing Ordinance. I state the information on the above changes occur including listed contractors, site plan, remit changes or proposed use changes, I certify it is intral Permitting Department of any and all changes.

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

The undersigned	d applicant for Building Permit #	being the:
	General Contractor Owner Officer/Agent of the Contractor or Owner	
Do hereby conf the work set fort	irm under penalties of perjury that the pe	erson(s), firm(s) or corporation(s) performing
	Has/have three (3) or more employees a compensation insurance to cover them.	and has/have obtained workers'
	Has/have one (1) or more subcontractor compensation insurance to cover them.	s(s) and has/have obtained workers'
	Has/have one (1) or more subcontractor workers' compensation insurance cover	rs(s) who has/have their own policy of ing themselves.
	_ Has/have not more than two (2) employ	ees and no subcontractors.
Department iss insurance prior	suing the permit may require certificat	ht it is understood that the Central Permitting es of coverage of worker's compensation e during the permitted work from any person
Firm Name:	Stephenson Builder	s Fac.
Sign/Title:	AMA V	ice fresidat
Date: 12/5	100	

Required Inspections for SFA/SFD

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

Two Trade Final

Appl # Valuation Sq. Ft	06 500 15842, #151,580 7333
Seq	
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500

Envir. Operations Permit

Appl #

999