

\* 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.

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

**Application for Residential Building and Trades Permit**

Owner's Name: DTF Construction Inc Date: 10-26-07  
Site Address: 135 Mill Branch Cir Phone: (919) 868-5810  
Directions to job site from Lillington: 401 North to Mill Branch turn right into Mill Branch Lot is on left

Subdivision: Mill Branch Lot: 13  
Description of Proposed Work: New Construction #Bedrooms: 3  
Heated SF 2200 Unheated SF 400 Finished Rec Room?  Crawl Space  Slab

**General Contractor Information**

DTF Construction Inc (919) 868-5810  
Building Contractor's Company Name Telephone  
PO Box 275 Fuquay Varins NC 27526 54778  
Address License #  
[Signature] Must sign & fill out second page  
Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Permit Information**

Description of Work New Construction Service Size: 200 Amps TPole  Yes/no  
Kearns Electric  
Electrical Contractor's Company Name Telephone  
149 Allie Dr Garner NC 27529 (919) 369-7857 22899  
Address License #  
[Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work New Construction  
Stephenson Heating & Air (919) 329-0686  
Mechanical Contractor's Company Name Telephone  
343 Shipwash Dr Garner NC 27529 18-644 H3-1  
Address License #  
[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
DUPREE PLUMBING Co. 919-639-6130  
Plumbing Contractor's Company Name Telephone  
94 STANIL Dr. ANGIER NC 14832 P-1  
Address License #  
[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

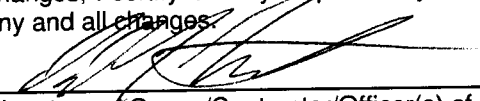
Protective Insulation (919) 366-1280  
Insulation Contractor's Company Name & Address Telephone

**Homeowners Applying to Build Their Own Home**

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

- 1. Do you own the land on which this building will be constructed?     yes     no
- 2. Have you hired or intend to hire an individual to superintend and manage construction of the project?     yes     no
- 3. Do you intend to directly control & supervise construction activities?     yes     no
- 4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?     yes     no
- 5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the 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, number of bedrooms, 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

10-26-07  
Date

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

The undersigned applicant 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 three (3) or more employees and has obtained workers' compensation insurance to cover them.

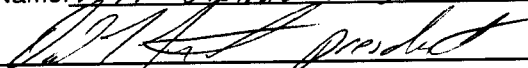
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no 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.

Company or Name: DTF Construction LLC

Sign w/Title:  Date: 10-26-07

**Application for Building and Trade Permit**

Owner's Name: Michael W. Cochran Date: 7/28/06  
Address: \_\_\_\_\_ Phone: (919) 771-2243  
Directions to job site: 401 North, Rt into Mills Branch

Subdivision: Mills Branch Lot: 13  
Construction Type: (Please Check) Building Use: (Please Check)  
 New  Residential  
 Renovation  Modular  
 Addition  Commercial  
 Moved House  Multi-Family  
 Other  
Description of Proposed Work: 1 1/2 Story  
Total Project Cost: \$ 215,000

**Building Permit Information**

Heated SF \_\_\_\_\_ Crawl Space  Building Construction Cost \$ \$200,000.00  
Unheated SF \_\_\_\_\_ Slab ( ) Acres Disturbed .25 Stories \_\_\_\_\_  
MWC Construction Telephone (919) 771-2243  
Building Contractor's Company Name  
1044 Cabin Hill Way, Garner, 27529 License # 53065  
Address  
Michael W Cochran  
Signature of Officer(s) of Corporation

**Electrical Permit Information**

Description of Work Install Electrical Electrical Cost \$ 16,000  
TS Pole: Yes  No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: 200 Amps  
Cooks Electric Telephone 557-3460  
Building Contractor's Company Name  
PO Box 999, Fuquay, 27526 License # 18976-L  
Address  
[Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work HVAC Install Mechanical Cost \$ 6,000  
Number of Units \_\_\_\_\_ Type System Heat Pump  
Suburban Service Telephone 989-9078  
Building Contractor's Company Name  
201 Sandylane, Smithfield, 27577 License # 24831  
Address  
[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Plumbing Install Plumbing Cost \$ 6,000.00  
Number of Baths \_\_\_\_\_  
Carolina Plumbing Telephone 779-7452  
Building Contractor's Company Name  
1516 Buffalo, Garner, NC, 27529 License # 11121  
Address  
[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Residential  Other ( ) Not Required ( )  
Protective Insulation Telephone 366-1280  
Insulation Contractor's Company Name  
PO Box 573, Wendell, 27591 Address

**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 \_\_\_

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.

Michael W Cochran  
Signature of Owner/Contractor/Officer(s) of Corporation

10/3/06  
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: MWC construction Mitchell W. Cochran

By/Title: Owner

Date: 10/3/06



10/29/07

To Whom It May Concern:

This letter is to verify that Ample Lending Group LLC did in fact foreclose on the properties located on lots 13 and 26 Mill Branch subdivision. These lots were formerly owned by MWC Construction. Ample Lending was the successful bidder at the foreclosure sale, and have since agreed to assign our bids to DTF Construction and will be financing their construction. MWC no longer has any ownership in these properties. If you have any questions concerning this matter please do not hesitate to call me at 919-934-9200 ext. 122.

Sincerely

A handwritten signature in black ink, appearing to read "Dallas Dickerson", is written over a horizontal line.

Dallas Dickerson  
Loan Officer

H-1

Required Inspections for SFA/SFD

Appl #	0650013862
Valuation	\$169,576
Sq. Ft	2610

- Seq  R\*Bldg Footing
- 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