

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: 26
Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other
Description of Proposed Work: Ranch, residential
Total Project Cost: \$210,000

Building Permit Information

Heated SF _____ Crawl Space Building Construction Cost \$ 1200,000.00
Unheated SF _____ Slab () Acres Disturbed .25 Stories _____
MWC Construction Telephone (919) 771-2243
Building Contractor's Company Name Address 1044 Cabin Hill Way, Garner, 27529 License # 53065
Signature of Officer(s) of Corporation Michael W Cochran

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
Electrical Contractor's Company Name Address PO Box 999, Fuquay, 27526 License # 18976-L
Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work HVAC Install
Number of Units _____ Type System Heat Pump Mechanical Cost \$ 6000
Suburban Service Telephone 989-9078
Mechanical Contractor's Company Name Address 201 Sandylage, Smithfield, 27577 License # 24831
Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work Plumbing Install
Number of Baths _____ Plumbing Cost \$ 6000.00
Carolina Plumbing Telephone 779-7452
Plumbing Contractor's Company Name Address 1516 Buffalo, Garner, NC, 27529 License # 11121
Signature of Officer(s) of Corporation Mark Beecher

Insulation Permit Information

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

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 *Mutual Wilkerson*

By/Title: Owner

Date: 10/3/06

* 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 # 15864

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: 12 Robert Branch Cr Phone: (919) 868-5810

Directions to job site from Lillington: 401 North to Mill Branch turn Right then left on Robert Branch Cr. Lot on right

Subdivision: Mill Branch Lot: 26

Description of Proposed Work: New Construction #Bedrooms: 3

Heated SF 1800 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 Varina 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: no

Kearns Electric (919) 369-7857
Electrical Contractor's Company Name Telephone

149 Allie Dr Garner NC 27529 22899
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New Construction

Stepenson Heating & Air (919) 329-0686
Mechanical Contractor's Company Name Telephone

343 Shipwash Dr Garner NC 27529 18644 H-3-1
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work # Baths

Dupres Plumbing Co 919-639-6196
Plumbing Contractor's Company Name Telephone

94 Stancil 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

H-3

10-5-06
MICHAEL COCHRAN

Required Inspections for SFA/SFD

Appl #
Valuation
Sq. Ft

0650015864
\$152,554
2348

- 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