

* 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 # DO 50015894
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: TRIMARK DEVELOPMENT Date: 09/28/06
Address: P.O. Box 10648 RALEIGH NC 27605 Phone: _____
Directions to job site from Lillington: 401 - CHRISTIAN LIGHT - LEFT - 42 - LEFT
LEFT ONTO COOKSBURY RT IN SUB. LOT ON LEFT-
Subdivision: COOKSBURY PARK Lot: 20
Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family
Total Project Cost: \$110,000.00 Description of Proposed Work: N/W

Building Permit Information

Heated SF 1305 Crawl Space () Building Construction Cost \$ 100,000.00
Unheated SF 360 Slab () Acres Disturbed 235-5527 Stories _____
TRIMARK DEVELOPMENT
Building Contractor's Company Name Telephone 56875
P.O. Box 10648 RALEIGH NC - 27605 License # _____
Address _____
Signature of Officer(s) of Corporation _____

Electrical Permit Information

Description of Work N/W Electrical Cost \$ 4200.00
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground Overhead () Service Size: 200 Amps
COOKS ELECTRICAL OF N.C. INC
Electrical Contractor's Company Name Telephone 919-557-3460
P.O. 999 FURWAY VARENA, NC. 27526 License # 18967-L
Address _____
Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work N/W
Number of Units 1 Type System Heat Pump Mechanical Cost \$ 5200
BARCLEY ARNOLD
Mechanical Contractor's Company Name Telephone 18460
122 PHILEMOND DR. FURWAY VARENA License # _____
Address 27526
Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work NEW
Number of Baths 2 Plumbing Cost \$ 3900.00
WARRICK PLUMBING
Plumbing Contractor's Company Name Telephone 910 897-4722
411 CRAWFORD RD. COATS, NC 27521 License # NC # 27930
Address _____
Signature of Officer(s) of Corporation _____

Insulation Permit Information

Residential Other () Not Required ()
ATUM INSULATION
Insulation Contractor's Company Name Address Telephone _____

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.


Signature of Owner/Contractor/Officer(s) of Corporation

09/30/06
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: TRIMARK DEVELOPMENT
Sign/Title: [Signature]
Date: 09/28/06

Required Inspections for SFA/SFD

Appl # 0650015894
Valuation \$146,836
Sq. Ft 2266

- 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