

* 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 # 06 50015 897

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: NC CUSTOM HOMES LLC Date: 10/12/06
Address: 1508 MYCENAE PL, FURWAY Phone: (919) 946-3662
Directions to job site from Lillington: HWY 401 TOWARDS FURWAY
VARIANA, 1/4 MILE ON LEFT PAST PINEY GROVE - RAWLS Rd. LOT ON RIGHT
Subdivision: SHERMAN PINES Lot: 12

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: \$255,000 Description of Proposed Work: NEW HOME CONST.

General Contractor Information
Heated SF 2591 Crawl Space Building Construction Cost \$ 200,000
Unheated SF 560 Slab () Acres Disturbed .547 Stories 2
NC CUSTOM HOMES, LLC Telephone (919) 946-3662
Building Contractor's Company Name Address 1508 MYCENAE PL, FURWAY VARIANA NC 27526 License # 61623

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information
Description of Work ROUGH IN + FINISH RES. Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: 200 Amps
CLASSEY ENTERPRISES Telephone (919) 233-2983
Electrical Contractor's Company Name Address 5929 FORD LAND DR., P. ALEXIEN, NC 27603 License # 19609-U
Signature of Officer(s) of Corporation Doug Clank

Mechanical Permit Information
Description of Work ROUGH IN + FINISH RESIDENTIAL HVAC
Number of Units 2 Type System ELECT. HP Mechanical Cost \$ _____
(919) 552-9223
Mechanical Contractor's Company Name Telephone
126 S FURWAY AVE, FURWAY VARIANA License # 4412
Address
Signature of Officer(s) of Corporation

Plumbing Permit Information
Description of Work ROUGH IN + FINISH RESIDENTIAL PLUMBING
Number of Baths 3 1/2 Plumbing Cost \$ _____
P.O. BOX 1239, ANGLER, NC 27501 Telephone (919) 639-0195
Plumbing Contractor's Company Name Address h+n PLUMBING CO. INC License # 14087
Signature of Officer(s) of Corporation Phil Wells

Insulation Permit Information Residential () Other () Not Required ()
INSULATION INC., 5902 FAYETTEVILLE Rd. Telephone (919) 772-9000
Insulation Contractor's Company Name & Address BALEIKH INC License # 27603

Sprinkler System Information - Commercial

<u>Sprinkler Contractor's Company Name</u>	<u>Telephone</u>
<u>Contact Person</u>	
<u>Address</u>	<u>License #</u>
<u>Signature of Officer(s) of Corporation</u>	

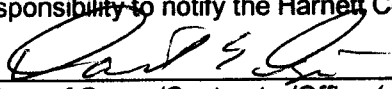
Fire Alarm System Information - Commercial

<u>Fire Alarm Contractor's Company Name</u>	<u>Telephone</u>
<u>Contact Person</u>	
<u>Address</u>	<u>License #</u>
<u>Signature of Officer(s) of Corporation</u>	

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 Department of any and all changes.

<u></u>	<u>10/23/06</u>
Signature of Owner/Contractor/Officer(s) of Corporation	Date

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

The undersigned applicant for Building Permit # _____ 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/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: NC CUSTOM HOMES, LLC

Sign/Title: David E. [Signature], Manager

Date: 10/23/06

D-9

N.C. CUSTOM HOMES
10-24-06

Required Inspections for SFA/SFD

Appl #	<u>0650013897</u>
Valuation	<u>206,285</u>
Sq. Ft	<u>3175</u>

- | <u>Seq</u> | |
|------------|--|
| 10 | <input checked="" type="checkbox"/> R*Bldg Footing |
| 10-30 | <input checked="" type="checkbox"/> R*Elec Temp Service Pole |
| 20 | <input checked="" type="checkbox"/> R*Bldg Foundation |
| 20 | <input checked="" type="checkbox"/> Address Confirmation |
| 30-999 | <input 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 |



north carolina

RATE BUREAU

REINSURANCE FACILITY

INSURANCE GUARANTY ASSOCIATION

October 16, 2006

TRAVELERS INDEMNITY COMPANY
 INDUSTRY AFFAIRS WC UNIT
 P O BOX 3556
 Orlando, FL 32802

RE: NC CUSTOM HOMES, LLC
 Combo ID: 6166575
 Coverage Group ID: 21686090

In accordance with the provisions of North Carolina General Statute 58-36-1, Workers Compensation Insurance coverage for the captioned applicant employer has been bound with your company effective 10/14/06.

Attached are a copy of the the Application for Workers Compensation Insurance and a check in payment of the estimated annual or deposit premium. On the basis of information contained on the application form and other information available to us, we have calculated the estimated annual premium as follows:

Class Code	Payroll	Rate	Premium
5645	\$0	20.03	\$0
Total Manual Premium:			\$0
Increased Limits of Employer Liability Factor (0):			\$0
Balance to Increased Limits of Employers Liability:			\$0
Total Subject Premium:			\$0
Experience Modification (1.00):			\$0
Total Modified Premium:			\$0
ARAP Surcharge (1.00):			\$0
Charge for Non-ratable Element:			\$0
Balance To Minimum Premium:			\$640
Total Standard Premium:			\$640
Expense Constant:			\$210
Foreign Terrorism Charge:			\$0
Domestic Terrorism Charge:			\$0
Estimated Annual Premium:			\$850
Deposit Premium Check:			\$850

Please issue a standard Workers Compensation and Employers Liability Insurance policy effective 12:01 A.M., on the designated coverage effective date. A copy of the policy must be forwarded to this Bureau in the usual manner.