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

15898

| Owner's Name: Keneth (Lemena) LEC Date: 7-11-06 Address: 670 Colfin Redillington RE 27546 Phone: 510-853-58. Directions to job site: Have 27 west 7th an Nansery 7th. 255 50 656 | | | | |
|--|-------------------------|-------------------------------------|--|--|
| Owner's Name: Wenneth Tumming | 166 | Date: 7-7-851-58 | | |
| Address: 670 Criticis Re Lillingt | AC 27546 | Phone. 370-079 | | |
| Directions to job site: Huy 27 west The | an Nursery | 107 85 on Le | | |
| Address: 670 Colfine Re Littings Directions to job site: Huy 17 west The Forsy T dAKS TR Scarl | it off Cires | 167 | | |
| | | Lot: 20787 | | |
| Subdivision: Tores Check | Building Use: (Please (| Check) | | |
| Construction Type. (| Residential | | | |
| | Modular | | | |
| Renovation Addition | Commercial | / | | |
| Moved House | Multi-Family | | | |
| Othor | | | | |
| Description of Proposed Work: | vose | / | | |
| Total Project Cost: 140 (00 | | / | | |
| | | | | |
| Building I | Permit Information | Cost \$ _/¥ @ c = v Stories _/ ½ | | |
| Heated SF/964 Crawl Space (4) | Acres Distribed 4 | Stories / ½ | | |
| Unheated SFSlab () | 5/0 -953 | - 5826 | | |
| Unheated SFSlab () CEUCE CENS 7 ICE Building Contractor's Company Name | | | | |
| 630 G. Stock RO LITTING. RC 27. | 546 1485 | 6 | | |
| Address | Licens # | | | |
| | · / | | | |
| Signature of Officer(s) of Corporation | | | | |
| gland Electrical | Permit Information | _ | | |
| m of Manuel | Electrical Cost | \$ | | |
| | Overheard (/) | a acc Amns | | |
| Permanent Service: Underground () Overhea | id () Service Size. | 265 | | |
| JM PURC FIECT | Talanhana | | | |
| Electrical Contractor's Company Name | 191011010 | 26 | | |
| 3483 Cameron Prive | Ucense # | | | |
| Signature of Officer(s) of Corporation | 7 | | | |
| Sidnature of Officer(s) of Corporation | 1 | | | |
| bigliature of Childer (c) of Confession | 1 | | | |
| | Permit Information | | | |
| Description of Work Type System _ | Mache | minal Cost S | | |
| Number of Units Type System _ | Mecha | 14- 7702 | | |
| Tones + Jones Mechanical Contractor's Company Name | Telephone | | | |
| Mechanical Contractor's Company Name | 1874 H2 0 3 | 11614 | | |
| 52/7 Matracco Dr Hope Mills Me | License # | | | |
| Address Same | | | | |
| Signature of Officer(s) of Corporation | . | | | |
| | | | | |
| <u>Plumbing</u> | Permit Information | | | |
| Description of Work | St. white Com | • | | |
| Number of Baths | Plumbing Cost | - 2 4 4 / | | |
| progressive plumking 71 | * ** | | | |
| Plumbing Contractor's Company Name 318 Donn A ST. ST. pauls N | 18748 PI- | 26497 | | |
| 3/8 Donn A Sto White | License # | | | |
| Address | | | | |
| Signature of Officer(s) of Corporation | | | | |
| | | | | |
| Insulation | Permit Information | | | |
| Residential (-) Other () Not Required () | ~ | | | |
| DINGA KITE | Address | Telephone | | |
| Insulation Contractor's Company Name | Vaniess | | | |

Sprinkler System Information

| Sprinkler Contractor's Company Name | Telephone |
|---|----------------------------|
| Contact Person | • |
| | |
| Address | License # |
| Signature of Officer(s) of Corporation | Alarm System Information |
| 1.110 | Annual System High Manager |
| Fire Alarm Contractor's Company Name | Telephone |
| Contact Person | |
| Address | License # |
| Signature of Officer(s) of Corporation | 7 .1 |
| | Driveway Access |
| NC Department of Transportation Drivew | vay Access/Permit? Yes No |
| correct and that the construction will Plumbing and Mechanical codes, and information on the above contractors including listed contractors, site plan, I | |
| 9/ | 7-11-06 |
| Signature of Owner/Contractor/Officer(s) | of Corporation Date |
| Hus land | |

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: CFB CO CENST INC |
| By/Title: Kennet Caning UP Hust Caning |
| Date: 7-11-06 |

Required Inspections for SFA/SFD

Appl# 06 500 15 8 98
Valuation \$149,111
Sq. Ft 2295

Two Trade Final > 2500

One Trade Final > 2500

Envir. Operations Permit

One Trade Final

| | | Valuation Sq. Ft |
|--------|-----------------------------|---------------------|
| Seq | | Seq |
| 10 | R*Bldg Footing | 60 |
| 10-30 | R*Elec Temp Service Pole | 60 |
| 20 | R*Bldg Foundation | 60 |
| 20 | Address Confirmation | 999 |
| 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 | |