\* Each Jection below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on

Application # 06-50015944

# 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: <u>G 月 R Y L 月 Y H J F ル J </u>	Date: 6-28-07
Address: 4632 WEAVERDALL DR FAT NO	Phone (910) 978.8749
Directions to job site from Lillington: 210 20 WARRS SPRING LA	ME RIGHTON RAT
RD. RT ON LUZIERT QUAD LEFT OF G	TOGS IMPLE TO LESS
Subdivision: COLULIAC HILL	
Construction Type:       (Please Check)       Building Use:       (Please         X New       Moved House       X Residential         Renovation       Addition       Other       Modular	Check)
Total Project Cost: \$135 000 Description of Proposed Work:	IEW RESTORATE
General Contractor Informatio	n
Heated SF J914 Crawl Space ⋈ Building Construction Unheated SF 606 Slab ( ) Acres Disturbed _ •	Cost \$ 1 15,
RARMIRARIAS OF FAT 910 3	
Building Contractor's Company Name Telephone	
5431 RODWELL ROAD FAT NC 28311	62661
Address	License #
Peut Raid	
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Signature of Owner/Contractor/Officer(s) of Owner	
Description of Work באס בו <u>Electrical Permit Information</u> שאנט אינע באס בו בו בעל באס בו בו בו בו בעל באס בו	\$ 5000
TS Pole: Yes 🙀 No ( ) Underground 🛪 Overheard ( )	
Permanent Service: Underground () Overhead () Service Size:	Amps
SANDY RIDGE ELECT. INC. 910.35	13.2458
Electrical Contractor's Company Name Telephone	
Electrical Contractor's Company Name Telephone 454 WHITEHERO RA FRY. N.C. 28312	100064
Address	License #
Signature of Officer(s) of Corporation	
Mechanical Permit Information	<u>on</u>
Description of Work エルミナルとと レスル カレスと Number of Units 2 Type System S #4まで Med	
1	chanical Cost \$ 7300
	10) 315- 6928
	phone
Address .	
Address . I ly for	License #
Signature of Officer(s) of Corporation	
Signature of Officer(s) of Corporation Plumbing Permit Information	
Description of Work I NST BLL HIV	
Number of Baths 2 Plumbing Cos	st \$
Plumbing Contractor's Company Name  700 Plumbing Contractor's Company Name  710 Telep	424-6712 hone
3242 mid pine Dr Fay Ne 28306	7756-P1
Address	License #
Signature of Officer(s) of Corporation	
Insulation Permit Information Residential (x) Other	() Not Required ()
TRI CITY INSULATION 418 PERSON ST	910 486 -8855
Insulation Contractor's Company Name & Address F ねャ レン 2930	Telephone

Commercial Jobs i Sprinkler Sy	must fill out this portion estem Information	_	
Sprinkler Contractor's Company Name	Contact & Telephone		
Address	License #	_	
Signature of Officer(s) of Corporation  Fire Alarm System Information			
Fire Alarm Contractor's Company Name	Contact & Telephone		
Address	License #	•	
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Transp	portation Driveway Access/Permit? Yes	No	
Homeowners Anniving	g to Build Their Own Home		
Please answer the following questions then see a Permit Tech	inician to determine if you qualify for permit under Owne	ers Exemption.	
Questionnaire per G.S. 87-14 Regulations as to	o Issue of Building Permits (Memo available	upon request)	
1. Do you own the land on which this building	ng will be constructed? yes	no	
2. Have you hired or intend to hire an indivithe project?	dual to superintend and manage con yes		
3. Do you intend to directly control & super-	vise construction activities? yes	no	
4 Do you intend to schedule, contract, or d be done?	irectly pay for all phases of construct		
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	
Sign & date	*		
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 <u>any</u> 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.			
Signature of Owner/Contractor/Officer(s) of Corporation	0	-	
Organizate of Owner/Contractor/Onicer(3) of Corporati	VII DALU		

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

The undersigned	d applicant for Building Permit #	being the:
<u> </u>	General Contractor Owner	
	Officer/Agent of the Contractor or Own	er
Do hereby confi the work set fort	rm under penalties of perjury that the h in the permit:	person(s), firm(s) or corporation(s) performing
	Has/have three (3) or more employees compensation insurance to cover them	s and has/have obtained workers' n.
<u> </u>	Has/have one (1) or more subcontract compensation insurance to cover them	ors(s) and has/have obtained workers' n.
<u> </u>	Has/have one (1) or more subcontract workers' compensation insurance cov	tors(s) who has/have their own policy of ering themselves.
	Has/have not more than two (2) emplo	byees and no subcontractors.
Department iss insurance prior	uing the permit may require certific	ught it is understood that the Central Permitting ates of coverage of worker's compensation ne during the permitted work from any person,
Firm Name:	RAN KHOKEDRAINS OF	FAY
Sign/Title:	Keel Paid Cxo	
Data:	6 - 28 -07	

Plan Box Number <u>C-8</u>

Job Name ADK PARTNERS

Date: 7-9-07

## Required Inspections for SFA/SFD

Appl. # 06 500 15944 Valuation 164, 832 Sq. Feet 2537

### Sequence

_	
10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
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
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

41018