* 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.

			11 = 000150	
ction below to be filled out by performing work. Must be owner d contractor. Address, company none must match information on	PO Box 65 Lill Telephone Number 910 Application for Buil	Central Permitting ington, NC 27546 -893-7525 www.harne ding and Trade I	ett.org	
Owner's Name: <u>LBC Ho</u>	ncs, Inc.		Date:	
Address: <u>SSII Ramsey</u> St	rect, suite 100 FAY,	NC 28311	Phone: 910 423 3555	
Directions to job site from Lillin	aton:			
Directions to job one iron amin				
Subdivision: COLONIAL			_Lot: <u>39</u>	
Construction Type: (Please Cl New Moved Ho Renovation Addition	heck) <u>Build</u> use <u>X</u> R OtherM	ing Use: (Please esidential odular	Check) Commercial Multi-Family	
Total Project Cost:	Description of Propos	sed Work:		
	General Contr	actor intormatio	<u>n</u> Cost \$	
Heated SF 611 Crawl Space Unheated SF 422 Slab ()	Acre	s Disturbed	Cost \$Stories	
		910 427 Telephone	3-3555	
RBC Homes INC Building Contractor's Compan	y Name	Telephone		
5511 RAMSEY Street	Suite 100 RAY NC	283/1	558060	
Address			License #	
(1/1/	\sim			
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp Electrical Permit Information				
Description of Work		Flectrical Cos	st \$	
TS Pole: Yes (No () Ur Permanent Service: Undergro	derground () Ove	rheard ()	Amps	
Permanent Service: Undergro	ound() Overhead()	Service Size:	Amps	
SANDY Ridge ELect. Electrical Contractor's Compa	, INC	<u>910 3</u>	73-0450	
Electrical Contractor's Compa	ny Name	· ASSID	10006 0	
454 Whitehead T	COAD THY, DO	J 78312	License #	
Address				
Signature of Officer(s) of Corp	poration			
	Mechanical P	ermit Information	<u>n</u>	
Description of Work Number of Units	Type System	Med	hanical Cost \$	
	i ype System	910 8	58-7300	
Mechanical Contractor's Com	nany Name	Telephone	,0 13	
P.O. Box 747	Dackton NC	=""	16556	
Address	Prior		License #	
A CONTROL OF THE PROPERTY OF T				
Signature of Officer(s) of Cor	poration Plumbing P	ermit informatio	<u>n</u>	
Description of Work		Disambina Co	ot C	
Number of Baths		Plumbing Co	37-7996	
BASS PLUMSIN Plumbing Contractor's Comp	Van Nama	<u>910 ∂</u> Telephone	37-7710	
Plumbing Contractor's Comp	any Name		2289	
841 LARKSPUR D	rive TAY NE	- U / II	License #	
Address Sur				
Signature of Officer(s) of Cor	poration			
Insulation I	Permit Information Re	esidential () Oth	er () Not Required ()	
Insulation .	INC. 1212 Home CH	- RAL, NC 270	163 919 772 9000	
Insulation Contractor's Company Name & Address Telephone				

Application # 06-50015957

Sprinkler System Information - Commercial
Sprinkler Contractor's Company Name Telephone
Contact Person
Address License #
Signature of Officer(s) of Corporation Fire Alarm System Information - Commercial
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 corrected and that the construction will conform to the regulations in the Building, Electrical, Plumbing are 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 plate building and trade plans, Environmental Health permit changes or proposed use changes, I certify it may responsibility to potify the Harnett County Central Permitting Department of any and all changes.
Signature of Owner/Contractor/Officer(s) of Corporation Date

Application # 06-50015957

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

The undersigned	d applicant for Building Permit # being the:
X	General Contractor Owner
	Officer/Agent of the Contractor or Owner
Do hereby conf the work set for	firm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the 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.
X	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.
Department iss insurance prior	on the project for which this permit is sought it is understood that the Central Permitting suing the permit may require certificates of coverage of worker's compensation to issuance of the permit and at any time during the permitted work from any person ion carrying out the work.
Firm Name:	RBC Hodesy Try
Sign/Title:	A Dresident
Date:	6/24/07 U

Plan Box Number AA-10

Job Name Romes

Date: 6-29-07

Required Inspections for SFA/SFD

Appl. # 075\(\infty\) 15957 Valuation 140, 988 Sq. Feet 2170

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