* 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.

			150100	
ction below to be filled out by performing work. Must be owner	Harnett Ce		ication #_ 159 63 K_	
d contractor. Address, company	PO Box	ounty Central Permitting 65 Lillington, NC 27546		
hone must match information on	Telephone Numb	er 910-893-7525 www.hame Building and Trade I	ett.org Pormit	
VEC No		Bulluing and Trade	Date: <u>2/17/07</u>	
Owner's Name: <u>KBC Hor</u>	ACS, INC.	Fa. 110 70311	Date	
Address: SSII Ramsey Str			Phone: 910 423 3555	
Directions to job site from Lilling	gton:			
Subdivision: Colonial H	ાીડ		_Lot: _/4\S	
Construction Type: (Please Ch		Building Use: (Please		
New Moved How	ise	X Residential	Commercial	
	Other	Modular	Multi-Family	
Total Project Cost:				
Heated SF 1752 Crawl Space	General C	Contractor Information	<u>n</u> Cost \$	
Unheated SF 548 Slab-	<i>5</i> ( <i>)</i>	Contractor Information Building Construction Acres Disturbed	Stories	
RBC Homes INC		910 423	3-3555	
<b>Building Contractor's Company</b>	/ Name	/ Telephone		
SSII RAMSEY Street S	wite 100 fay	NC 28311	55806 U	
Address		•	License #	
Signature of Owner/Contractor	Officer(s) of Corp	_ ooration — Must sign back	of form & workers comp	
	Electric	<u>al Permit Information</u>		
TS Pole: Yes (x) No ( ) Uno	derground ( )	Electrical Cos	[\$	
Permanent Service: Undergro	und ( ) Overhe	ad ( ) Service Size:	Amps	
SANOY Ridge ELect.,	INC	910 3	23-2458	
Electrical Contractor's Compar	ny Name	Telephone		
454 Whitehead R	DAD FAY,	NC 28312	10006 0	
Address	•		License #	
Call Horn		-		
Signature of Officer(s) of Corp	oration <b>Mechani</b>	cal Permit Informatio	n	
Description of Work Number of Units				
Number of Units	Type System _		nanical Cost \$	
PONCO			18-7300	
Mechanical Contractor's Comp		Telephone	11.5510	
P.O. Box 747 F Address	ARRION, NI	C 78311		
Address				
Signature of Officer(s) of Corp	oration Plumbi	ng Permit Information	1	
Description of Work				
Number of Baths		_ Plumbing Co	st \$	
BASS Plumsing Plumbing Contractor's Compa			3-7- 7976	
Plumbing Contractor's Compa	ny Name	relephone 28311	22895	
841 HARKSPUR DO	ive tay A	36 00 311	License #	
Address Sur				
Signature of Officer(s) of Corporation				
Insulation P	<u>ermit Informatio</u>	<u>n</u> Residential () Othe	er () Not Required ()	
Insulation, I	NC. 1212 Hom	c C+ Ral, NC 276	03 919 772 9000	
Insulation Contractor's Compa	any Name & Addre	ess	Telephone	

Application #	
Sprinkler System Information - Commercial	
Sprinkler Contractor's Company Name  Contact Person	
Address License #	
Signature of Officer(s) of Corporation Fire Alarm System Information - Commercial  Fire Alarm Contractor's Company Name  Contact Person	
Address  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 will conform to the regulations in the Building, Electrical,	ation is correc

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 potify the Harnett County Central Permitting Department of any and all changes.

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

Date

Αp	plication	#

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

The undersigne	d applicant for Building Permit #	being the:		
X	_ General Contractor Owner			
	Officer/Agent of the Contractor or Owner			
	firm under penalties of perjury that the persor th in the permit:	n(s), firm(s) or corporation(s) performing		
	Has/have three (3) or more employees and has compensation insurance to cover them.	nas/have obtained workers'		
	Has/have one (1) or more subcontractors(s) compensation insurance to cover them.	and has/have obtained workers'		
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 a	and no subcontractors.		
Department issinsurance prior	on the project for which this permit is sought it suing the permit may require certificates of to issuance of the permit and at any time durtion carrying out the work.	of coverage of worker's compensation		
Firm Name:	RBC Hones Just			
Sign/Title:	M/ Pro	sident		
Date:	2/17/07			

Plan Box Number H-4

Job Name RBC

Date: 2-21-07

Required Inspections for SFA/SFD

Appl. # 66 500 15963 Valuation \$149,435 Sq. Feet 2360

## Sequence

	D* Dida Footing
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
	Envir. Operations Permit
999	Elivii. Operations i elilit