\*\* 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

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Application for	<b>Building</b> and	Trade Permit

Owner's Name: Curiness Land	Date:	
Address: 28/8 Rulford Rd Ste Zoo fa	as N( Phone: 9/0-481-05	D
Directions to job site from Lillington: 27 W to NV	isen ed Turn 1. Turn	•
(DON Lement Black Turn (DINTO	Frest oaks	
Subdivision: Forest Oaks	Lote 2	
Construction Type: (Please Check)  New Moved House  Building	Use: (Please Check)	
Renovation Addition Other Mod	idential Commercial lular Multi-Family	
Total Project Cost: 125K Description of Proposed	Work: New Const-Gingle Fam	ii U
Heated SF 2/91/2 rawl Space ( ) Building Unheated SF 202 Slab ( ) Acres D	Construction Cost \$ 10012 Disturbed Stories	
Laviness land Der	2-131-0503	-
Building Contractor's Company Name	Telephone	
78/8 Kuefolka Ste 700 Fuy NC ZE Address	37485 License #	
4		
Signature of Owner/Contractor/Officer(s) of Corporation -	- Must sign back of form & workers comp	
M/AACT Electrical Permi	t Information	
TS Pole: Yes No ( ) Underground & Overhea	ard ( )	
Permanent Service: Underground Overhead ()	Service Size: ZVV Amps	
Allmans Electric	495-8617	
	Telephone 6136 V	
Address	License #	
signature of Officer(s) of Corporation		
Description of Work Mew Lon St Mechanical Perm	it Information	
Number of Units _i Type System _HP	Mechanical Cost \$ 7000	
mark Air	194-6425	
-	Telephone	
70 Box A1104 Fay NC 28309	15874	
Andress	License #	
my y		
Signature of Office (s) of Corporation	Informati	
Description of Work New Const	Information	
	Plumbing Cost \$ 58~	
Plumbing Contractor's Company Name	1557-1584 elephone	
Po Bux 1359 FV NC 77576  Address	18903	
Dus Cand.	License #	
signature of Officer(s) of Corporation		
Insulation Permit Information Resident	ial () Other () Not Required ()	
Comberland Insulation	184-7118	
nsulation Contractor's Company Name & Address	Telephone	

Application #06 - 500 - 15991

## **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 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. Signature of Owner/Contractor/Officer(s) of Corporation

Application #<u>06 - 500 - 15991</u>

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

The undersigne	d applicant for Building Permit # being the:
	General Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby conf the work set fort	irm under penalties of perjury that the person(s), firm(s) or corporation(s) performing h 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.
Department issi insurance prior t	n the project for which this permit is sought it is understood that the Central Permitting uing the permit may require certificates of coverage of worker's compensation o issuance of the permit and at any time during the permitted work from any person, on carrying out the work.
Firm Name:	UNESS LAND DEV.
Sign/Title:	V Pres
Date: Z	ROD

Plan Box Number AA-14

Job Name CAVINESS

Date: 3-21-07

Required Inspections for SFA/SFD

Appl. # 06500 1399/ Valuation \$ 174,644 Sq. Feet 2688

## Sequence

10	Debit D
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