

* 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.

Seacrest Fin

Application # 06-800-15992

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit

Date: 3/13/07

Owner's Name: Cariness Land

Phone: 910-481-0503

Address: 2818 Raeford Rd Ste 200 Fay NC

Directions to job site from Lillington: 27 W TO MUISEY RD. TURN L. TURN

DOWN LENEVI BLACK TURN INTO FOREST OAKS

Subdivision: FOREST OAKS Lot: 3

Construction Type: (Please Check)
 New Moved House
 Renovation Addition Other

Building Use: (Please Check)
 Residential Commercial
 Modular Multi-Family

Total Project Cost: 125K Description of Proposed Work: New Const - Single Family

General Contractor Information

Heated SF 2321 Crawl Space ()
Unheated SF 610 Slab ()

Building Construction Cost \$ 110K
Acres Disturbed _____ Stories 1 1/2

Cariness Land Dev

910-481-0503

Building Contractor's Company Name

Telephone

2818 Raeford Rd Ste 200 Fay NC 28303

37485

Address

License #

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information

Description of Work New Const Electrical Cost \$ 5K

TS Pole: Yes No () Underground Overhead ()

Permanent Service: Underground Overhead () Service Size: 200 Amps

Allman's Electric

485-8617

Electrical Contractor's Company Name

Telephone

345 Wilkes Rd Fay NC 28300

61360

Address

License #

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New Const

Number of Units 1 Type System HP Mechanical Cost \$ 7000

Mark Air

484-6565

Mechanical Contractor's Company Name

Telephone

Po Box 1104 Fay NC 28309

15874

Address

License #

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New Const

Number of Baths 2 1/2 Plumbing Cost \$ 5800

Camden Plumbing

919-557-1584

Plumbing Contractor's Company Name

Telephone

Po Box 1354 FV NC 27526

18903

Address

License #

Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

Cumberland Insulation

484-7118

Insulation Contractor's Company Name & Address

Telephone

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

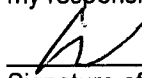
License #

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

9/18/06
Date

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

The undersigned applicant for Building Permit # _____ being the:

- General 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: GAINNESS/LAND DEV.

Sign/Title: W. President

Date: 20 MAR 07

Plan Box Number AA-14

Job Name CAVINESS

Date: 3-21-07

Required Inspections for SFA/SFD

Appl. # 0650015992
Valuation \$190,432
Sq. Feet 2931

Sequence

10	<u>✓</u>	R* Bldg. Footing
10-30	<u>/</u>	R* Elec. Temp Service Pole
20	<u>/</u>	R* Building Foundation
20	<u>✓</u>	Address Confirmation
30-999		Open Floor
30-999	<u>✓</u>	R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999	<u>✓</u>	R*Plumb. Under Slab
40		Four Trade Rough In
40	<u>✓</u>	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	<u>/</u>	R* Insulation
60		Four Trade Final
60	<u>✓</u>	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	<u>✓</u>	Envir. Operations Permit