* 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.

Application #_
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
phone Number 910-893-7525 wasse be-

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

Application for Building and Trade Permit

Application		
Owner's Name: <u>KBC Homes</u> , INC.		Date: 3/9/07
Address: SSII Ramsey Street, Suite 100	FAY, NC 28311	Phone: 910 423 3555
Directions to job site from Lillington:	•	
Directions to job site from Limity to in		
Clarry Itells		Lot: 54
Subdivision: Colunial Hills		
Construction Type: (Please Check)	Building Use: (Please	Commercial
New Moved House Other	Residential Modular	Multi-Family
Total Project Cost:Description or	f Proposed Work: al Contractor Informatio	n
Heated SF 659 Crawl Space (X)	Building Construction	Cost \$
Unheated SF <u>168</u> Slab ()	Building Construction Acres Disturbed	Stories _2
PBC Homes, INC. Building Contractor's Company Name	1 910 42	3-3555
Building Contractor's Company Name	Telephone	
SSII RAMSEY Street Suite 100 PH	AU NC 283/1	55806 U
Address		License #
Signature of Owner/Contractor Officer(s) of C	orporation – Must sign back	of form & workers comp
Elect	rical Permit Information	<u></u>
Description of Work TS Pole: Yes (x) No () Underground ()	Electrical Cos	st \$
Permanent Service: Inderground () UVer	rnead () Service Size.	Amps
S. Pider Flact Trus	910 3	23-2458
Sanor Ridge ELect, INC Electrical Contractor's Company Name	Telephone	
454 Whitehead ROAD FAY	1 NC 28312	10006 0
Address		License #
Carl KHorn		
Signature of Officer(s) of Corporation		
Mecha	<u>anical Permit Informatio</u>	<u>on</u>
Description of Work Type System	m Med	hanical Cost \$
	910 8	58-7300
Mechanical Contractor's Company Name	Telephone	
P.O. Box 747 PARKTON,	NC 28371	16556
Address		License #
Signature of Officer(s) of Corporation		
Plum	nbing Permit Informatio	<u>n</u>
Description of Work	Plumbing Co	ost \$
Number of Baths		37-7996
BASS PLUMSING Plumbing Contractor's Company Name	Telephone	<u></u>
Plumbing Contractor's Company Name	NC 28311	22895
841 LARKEDUR Drive FAY	700 0 0 0 1 1	License #
Address		
Signature of Officer(s) of Corporation		
Insulation Permit Informa	<u>ition</u> Residential () Oth	ner () Not Required ()
Insulation INC. 1212 +		663 <u>919 772 9000</u>
Insulation Contractor's Company Name & Ad		Telephone

Application #_0650016026

Sprinkler System Information - Commercial	· .
Sprinkler Contractor's Company Name Contact Person Address 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	
I hereby certify that I have the authority to make necessary application, that the application and that the construction will conform to the regulations in the Building, Electrical, Mechanical codes, and the Harnett County Zoning Ordinance. I state the information contractors is correct as known to me and if any changes occur including listed contract building and trade plans, Environmental Health permit changes or proposed use change my responsibility to notify the Harnett County Central Permitting Department of any and Signature of Owner/Contractor/Officer(s) of Corporation Date	on the above ctors, site plan es, I certify it is

Application # 66 506 16027

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

The undersigne	ed applicant for Building Permit # being the:
	_ General Contractor _ Owner _ Officer/Agent of the Contractor or Owner
	firm under penalties of perjury that the person(s), firm(s) or corporation(s) performing th 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 is 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, tion carrying out the work.
Firm Name:	RBC Homes INC
Sign/Title:	MbA President
Date:	3/9/09()

Plan Box	Number	+	f - L	+
I IUII LOVI	1 10			-

Job Name RBC Homes

Date: 3 - 12 - 07

Required Inspections for SFA/SFD

Appl. # 07500 16026 Valuation # 144,693 Sq. Feet 2227

Sequence

10	R* Bldg. Footing 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
777	Ziviii Operation I II and