Application # 0650016079 R
Harnett County Central Permitting

* 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.

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

VOC N. T.		Date: 4/4/07
Owner's Name: <u>YBC Homes</u> , <u>The</u> .	Co 15C (1021)	Date
Address: SSII Ramsey Street, Suite 100	FAY, NC 28511	Phone: 910 423 3555
Directions to job site from Lillington:		
01, 11116		_Lot: _57
Subdivision: Colonial Hills		
Construction Type: (Please Check)	Building Use: (Please	Commercial
X New Moved House Other	X Residential Modular	Multi-Family
Renovation Addition Other	1410000101	
Total Project Cost:Description o	f Proposed Work:	
		<u>n</u>
Heated SF 1671 Crawl Space (X) Unheated SF 499 Slab ()	Building Construction	Stories 2
Unheated SF 499 Slab ()	Acres Disturbed	2 - 2555
PBC Homes INC. Building Contractor's Company Name	<u>410 42.</u>	3-3533
Building Contractor's Company Name	relephone	5580(a i)
5511 Ramsey Street Site 100 Pr	44 NC 283/1	License #
Address		License #
Signature of Owner/Contractor/Officer(s) of C	orporation — Must sign back	of form & workers comp
Description of Mork	rical Permit Information Electrical Cos	! st \$
TS Pole: Yes () No () Underground ()	Overheard ()	
Permanent Service: Underground () Over		Amps
Sour Pidec FLect, INC	910 3	73-7 45 8
SANDY Ridge ELect, INC Electrical Contractor's Company Name	Telephone	
454 Whitehead ROAD FAY	NC 28312	10006 0
Address		License #
Address at Horn		
Signature of Officer(s) of Corporation		
Mech	<u>anical Permit Informatio</u>	<u>on</u>
Description of Work Type System	m Mec	hanical Cost \$
Number of Units Type System	Gro Cr	18-73 A()
PONCO		58-7300
Mechanical Contractor's Company Name	Telephone	16556
P.O. Box 747 PARKTON,	UC 78311	License #
Address	·	Electioe #
COS		
Signature of Officer(s) of Corporation	nbing Permit Informatio	n
	ibilig Fermit imormatio	
Description of Work Number of Baths	Plumbing Co	
	Glo 2	37-7996
BASS PLUMSING Plumbing Contractor's Company Name	Telephone	
841 LARKEDUR Drive FAY	NC 28311	22895
Address Address	700 02	License #
Address		
Signature of Officer(s) of Corporation		
Insulation Permit Informa	ition Residential () Oth	er () Not Required ()
INSULATION, INC. 1212 +		
Insulation Contractor's Company Name & Ad		Telephone

•	Application #
Sprinkler S	ystem Information - Commercial
Sprinkler Contractor's Company Name Contact Person Address Signature of Officer(s) of Corporation Fire Alarm Contractor's Company Name Contact Person Address Signature of Officer(s) of Corporation	System Information - Commercial Telephone License # Driveway Access
NC Department of Transportation Driveway	y Access/Permit? Yes No
I hereby certify that I have the authority to and that the construction will conform to Mechanical codes, and the Harnett Coun- contractors is correct as known to me and	o make necessary application, that the application is correct to the regulations in the Building, Electrical, Plumbing and ity Zoning Ordinance. I state the information on the above if any changes occur including listed contractors, site plan, lealth permit changes or proposed use changes, I certify it is not central Permitting Department of any and all changes.

Application	#	

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

The undersign	ed applicant for Building Permit # being the:
X	_ General Contractor _ Owner _ Officer/Agent of the Contractor or Owner
	_ Officer/Agent of the Contractor of Owner
	firm under penalties of perjury that the person(s), firm(s) or corporation(s) performing rth 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 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 r to issuance of the permit and at any time during the permitted work from any person, tion carrying out the work.
Firm Name:	RBC Hymes, INC
Sign/Title:	WKIN President
Date:	4/4/07

Plan Box Number A-3

Job Name RBC Homes

Date: 4 - 5 - 07

Required Inspections for SFA/SFD

Appl. # 0750016029 Valuation #140,989 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