

* 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 # 0050010050

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

Owner's Name: Roy T McGee III Date: 10-26-06

Address: 359 Scuppernon Ln Lot 51 Phone: 369-6588

Directions to job site from Lillington: Hwy 210 TOWARD ANGER Left on TRIPP Rd, Left on Scuppernon Ln Lot 51 on Left

Subdivision: Plantation at VINEYARD GREEN Lot: 51

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: 190000 Description of Proposed Work: New Construction

General Contractor Information

Heated SF 2580 Crawl Space (X) Building Construction Cost \$ 190,000
Unheated SF 755 Slab () Acres Disturbed _____ Stories 2

MCGEE BUILDERS LLC 369-6588
Building Contractor's Company Name Telephone

3233 VIRGINIA Creeper Ln Willow Springs NC 27592 35121
Address License #

R T McGee III
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp

Electrical Permit Information

Description of Work New Home Electrical Cost \$ 6,075.00

TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground (X) Overhead () Service Size: 200 Amps

PATRICK + BURGESS ELECT CO INC 893-5774
Electrical Contractor's Company Name Telephone

1309 WARTH MAIN ST Lillington NC 27546 4910 4
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New Home
Number of Units 1 Type System H/P Mechanical Cost \$ 8717.00

J + M HEATING + AIR, INC 910-897-5501
Mechanical Contractor's Company Name Telephone

724 TURLINGTON Rd Dunn, NC 17164
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New Home
Number of Baths 2.5 Plumbing Cost \$ 7000.00

Roy WAGONER PLUMBING CO 891-8114
Plumbing Contractor's Company Name Telephone

PO Box 494 Murness NC 27552 07674
Address License #

[Signature]
Signature of Officer(s) of Corporation

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

INSULATING INC 772-9000
Insulation Contractor's Company Name & Address Telephone

**Commercial Jobs must fill out this portion
Sprinkler System Information**

Sprinkler Contractor's Company Name	Contact & Telephone
Address	License #
Signature of Officer(s) of Corporation	

Fire Alarm System Information

Fire Alarm Contractor's Company Name	Contact & Telephone
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.

Ron M. C. [Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

10-26-06
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: McGEE BUILDERS, LLC

Sign/Title: Roy J. McGehee OWNER

Date: 10-26-06

E-8

10-26-06

McGEE BUILDERS

Required Inspections for SFA/SFD

Appl # 0650016050
Valuation \$197,513
Sq. Ft 3040

- 10 R*Bldg Footing
- 10-30 R*Elec Temp Service Pole
- 20 R*Bldg Foundation
- 20 Address Confirmation
- 30-999 R*Open Floor
- 30-999 R*Bldg Slab Insp
- 30-999 R*Elec Under Slab
- 30-999 R*Plumb under Slab
- 30-999 R*Bldg Water/Damp Proofing
- 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 Inspection
- 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