

* 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 # 06 50016076
 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: Brian Johnson Builders Inc Date: 12/1/06
 Address: 635 Chiscomb Rd Angier NC Phone: 639 3714
 Directions to job site from Lillington: take 401 to Fuquay T/L on SR (1429 Chalybeate Rd), go 1/8 mile sub on left
 Subdivision: Depler Field Lot: 2
 Construction Type: (Please Check) New Moved House Renovation Addition Other
 Building Use: (Please Check) Residential Commercial Modular Multi-Family
 Total Project Cost: 145,000 Description of Proposed Work: New House

Building Permit Information

Heated SF 1493 Crawl Space () Building Construction Cost \$ 110,000
 Unheated SF Slab () Acres Disturbed .07 Stories 1 1/2
 Building Contractor's Company Name Brian Johnson Builders Inc Telephone 639 3714
 Address 635 Chiscomb Rd Angier License # 41348
 Signature of Officer(s) of Corporation [Signature]

Electrical Permit Information

Description of Work Electrical in new house Electrical Cost \$ 3600.00
 TS Pole: Yes No () Underground Overhead ()
 Permanent Service: Underground Overhead () Service Size: 200 Amps
Ref Dean Electrical Telephone 552 4282
 Electrical Contractor's Company Name Ref Dean License # 57486
 Address 8057 Kenebec Rd Willow Springs
 Signature of Officer(s) of Corporation [Signature]

Mechanical Permit Information

Description of Work Heating & Air for New House Mechanical Cost \$ 3900.00
 Number of Units 1 Type System Heat Pump
JC'S Heating & Air Telephone 552 3053
 Mechanical Contractor's Company Name JC'S Heating & Air License # 12655
 Address 1539 Wade Stephenson Rd Holly Springs NC
 Signature of Officer(s) of Corporation [Signature]

Plumbing Permit Information

Description of Work Plumbing for new house Plumbing Cost \$ 4000
 Number of Baths 2
W + W Plumbing Co Telephone 639 0195
 Plumbing Contractor's Company Name W + W Plumbing Co License # 14087
 Address PO Box 1239
 Signature of Officer(s) of Corporation [Signature]

Insulation Permit Information

Residential Other () Not Required ()
Tri City Insul Address 418 Person St Fayetteville Telephone 486 8855
 Insulation Contractor's Company Name

Sprinkler System Information_____
Sprinkler Contractor's Company Name_____
Telephone_____
Contact Person_____
Address_____
License #_____
Signature of Officer(s) of Corporation**Fire Alarm System Information**_____
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 X

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 Division of any and all changes.

Signature of Owner/Contractor/Officer(s) of Corporation_____
Date

12/1/04

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

The undersigned applicant for Building Permit # _____ being the:

- 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: Brian Johnson Builders Inc

Sign/Title: Brian Johnson President

Date: 12/1/04

Plan Box Number E-3

Job Name BRIAN JOHNSON

Date: 1-3-07

Required Inspections for SFA/SFD

Appl. # 0650016076
Valuation \$133,257
Sq. Feet 2051

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 | <u>✓</u> | Open Floor |
| 30-999 | <u>✓</u> | R* Bldg. Slab Insp. |
| 30-999 | <u>✓</u> | R* Elec. Under Slab |
| 30-999 | <u>✓</u> | R*Plumb. Under Slab |
| 40 | <u>✓</u> | Four Trade Rough In |
| 40 | <u>✓</u> | Four Trade Rough In > 2500 |
| 40 | <u>✓</u> | Three Trade Rough In |
| 40 | <u>✓</u> | Three Trade Rough In > 2500 |
| 40 | <u>✓</u> | Two Trade Rough In |
| 40 | <u>✓</u> | Two Trade Rough In > 2500 |
| 40 | <u>✓</u> | One Trade Rough In |
| 40 | <u>✓</u> | One Trade Rough In > 2500 |
| 50 | <u>✓</u> | R* Insulation |
| 60 | <u>✓</u> | Four Trade Final |
| 60 | <u>✓</u> | Four Trade Final > 2500 |
| 60 | <u>✓</u> | Three Trade Final |
| 60 | <u>✓</u> | Three Trade Final > 2500 |
| 60 | <u>✓</u> | Two Trade Final |
| 60 | <u>✓</u> | Two Trade Final > 2500 |
| 60 | <u>✓</u> | One Trade Final |
| 60 | <u>✓</u> | One Trade Final > 2500 |
| 999 | <u>✓</u> | Envir. Operations Permit |