

* 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 # 16 109
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: Hampton Custom Builders Inc Date: 10-31-06
Address: 585 Ruth Circle Fuquay Varina NC 27526 Phone: 919-524-2915
Directions to job site from Lillington: 401 N to Ballard Rd. Take right onto Ballard. Take Right into 1st subdivision Ballard Woods
Subdivision: Ballard Woods Lot: 82

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

Total Project Cost: 200,000 Description of Proposed Work: new residential construction

General Contractor Information

Heated SF 3400 Crawl Space Building Construction Cost \$ 200,000
Unheated SF Slab Acres Disturbed .5 Stories 2 + Attic
Hampton Custom Builders Inc Telephone 919-524-2915
Building Contractor's Company Name Telephone 57196
PO Box 655 Holly Springs NC 27540 License #
Address Hampton Custom Builders Inc
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work Electrical Cost \$ 10,000
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: Amps
Eagle Electrical Services Telephone 910-980-3762
Electrical Contractor's Company Name Telephone 18800-2
7633 Sherrill Bassett Rd License #
Address Dawn n c 28334
Edward A. Hanner
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work NEW CONSTRUCTION HVAC
Number of Units Type System Mechanical Cost \$ 10,000
Air Control Telephone 910-980-3762 910-980-1209
Mechanical Contractor's Company Name Telephone 18800-2 21319
6623 Sherrill Bassett Rd Godwin NC License #
Address Edward A. Hanner
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work
Number of Baths Plumbing Cost \$ 10,000
Wagner Plumbing Telephone 07674
Plumbing Contractor's Company Name Telephone 07674
Box 494 Menden, NC 27552 License #
Address Wagner
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential () Other () Not Required ()
Insulating Inc Address Raleigh Telephone
Insulation Contractor's Company Name Address Telephone

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 ___

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.

Wilmington Custom Builders Inc
Signature of Owner/Contractor/Officer(s) of Corporation

10-31-04
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: Hampton Custom Builders Inc

Sign/Title: Hampton Custom Builders Inc President

Date: 10-31-06

AA-10

HAMILTON BUILDERS

11.5-06

Required Inspections for SFA/SFD

Appl # 0650616109
Valuation \$209,599
Sq. Ft 3276

- Seq 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

- Seq 60 Two Trade Final > 2500
- 60 One Trade Final
- 60 One Trade Final > 2500
- 999 Envir. Operations Permit