

\* 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 # 0650016111

AA10

**Application for Building and Trade Permit**

Owner's Name: Dail Builders, Inc Date: 10-31-06  
Address: PO Box 655 Phone: 919-524-2915  
Directions to job site from Lillington: 401 N to Ballard Rd. Take right onto Ballard Take 1st Right into Ballard Woods  
Subdivision: Ballard Woods Lot: 62

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

Total Project Cost: 170,000 Description of Proposed Work: New residential Home

**General Contractor Information**

Heated SF 2360 Crawl Space () Building Construction Cost \$ 170,000  
Unheated SF      Slab () Acres Disturbed .5 Stories 2 + Attic  
Building Contractor's Company Name Dail Builders, Inc Telephone 919-524-2915  
Address PO Box 655 Holly Springs NC 27544 License # 61053  
Signature of Owner/Contractor/Officer(s) of Corporation Dail Builders Inc.

**Electrical Permit Information**

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

**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 6623 Sherrill Bassett Rd Godwin NC Telephone 18800-2 21319  
Address      License #       
Signature of Officer(s) of Corporation     

**Plumbing Permit Information**

Description of Work new construction  
Number of Baths 3.5 Plumbing Cost \$ 10,000  
Plumbing Contractor's Company Name Wagner Plumbing Telephone       
Address Box 494 Mendenhall NC 27552 License # 07674  
Signature of Officer(s) of Corporation     

**Insulation Permit Information**

Residential ( ) Other ( ) Not Required ( )  
Insulation Contractor's Company Name Insulating Inc. 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

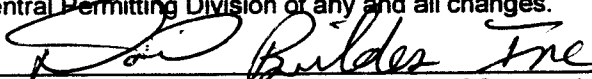
\_\_\_\_\_  
License #

\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

10-31-06  
\_\_\_\_\_  
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: Dail Builders, Inc

Sign/Title: [Signature]

Date: 10-31-06

AA-10

HAMLINTON CUSTOM  
11-7-06

Required Inspections for SFA/SFD

Appl #  
Valuation  
Sq. Ft

06 500 16111  
154,438  
2377

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