

* 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 # 0650016/32

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: St K Homes Date: 11/7/06
Address: 4609 Forest Highland Dr. Reel, NC 27604 Phone: 919 625-0317
Directions to job site from Lillington: 210 N out of Lillington / (R) on Tripp rd.
subd. on left 4 miles

Subdivision: Vineyard Green Lot: 22
Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: _____ Description of Proposed Work: _____

General Contractor Information

Heated SF _____ Crawl Space () Building Construction Cost \$ 97,500
Unheated SF _____ Slab () Acres Disturbed _____ Stories 2
Steve Jernigan 919 625-0313

Building Contractor's Company Name _____ Telephone 53365
4609 Forest Highland Dr. License # _____
Address _____

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp
[Signature]

Electrical Permit Information

Description of Work New Electrical Cost \$ _____
TS Pole: Yes (X) No () Underground (X) Overhead ()
Permanent Service: Underground (X) Overhead () Service Size: 200 Amps
Wester & Pace 919-499-5389

Electrical Contractor's Company Name _____ Telephone _____
546 Leslie Dr. Sanford, NC 1200-76
Address _____ License # _____

Signature of Officer(s) of Corporation
William Wester

Mechanical Permit Information

Description of Work New
Number of Units _____ Type System Heat Pump Mechanical Cost \$ _____
Jacksons Heating + Air 910-891-5410

Mechanical Contractor's Company Name _____ Telephone _____
PO Box 82 Benson, NC 23670
Address _____ License # _____

Signature of Officer(s) of Corporation
David Jackson

Plumbing Permit Information

Description of Work New
Number of Baths _____ Plumbing Cost \$ _____
LR Glover Plumbing Inc. 910-820-0026

Plumbing Contractor's Company Name _____ Telephone _____
PO Box 764 Benson, NC 27504 07958
Address _____ License # _____

Signature of Officer(s) of Corporation
[Signature]

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

TRI CITY Insulation 418 Person St. Fay, NC 910 486-8855
Insulation Contractor's Company Name & Address Telephone

Sprinkler System Information - Commercial

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

Fire Alarm System Information - Commercial

_____ 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 Department of any and all changes.

Shirley J.
Signature of Owner/Contractor/Officer(s) of Corporation

11/7/06
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: S + K Homes

Sign/Title: [Signature]

Date: 11/7/06

11-8-06

S. & K. Homes
11-8-06.

Required Inspections for SFA/SFD

Appl # 0650016132
Valuation \$191,147
Sq. Ft 2942

- 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