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16139

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-4759

Application for Building and Trade Permit

1-22-07

Owner's Name: Mass Home Builder Date: 6/22/07
Address: PO Box 577 Lillington NC Phone: 800 211 4754
Directions to job site: ?

Subdivision: Johnson Farms Lot: 7
Type Construction: (Please Check)
New Renovation Addition
Moved House Other
Specify Type of Work: _____
Building Use: (Please Check)
Residential Modular
Commercial Multi-Family

Building Permit Information

Heated Crawl Space
Unheated Slab
Building Contractor's Company Name: Mass Home Builders & Realty
Signature of Officer(s) of Corporation: W. Williams
Building Construction Cost \$ 140,000
Acres Disturbed 1 Stories _____
Address: PO Box 577 Lillington NC
License #: 18637 Telephone: 910-893-4875

Electrical Permit Information

Description of Work: Electrical Electrical Cost \$ _____
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead
Electrical Contractor's Company Name: Pioneer Electric & Maintenance Co., Inc.
Signature of Officer (s) of Corporation: Neil B. Johnson
Service Size: _____ Amps
Address: 4220 Old US 421 Lillington NC, 27546
License #: 21643 Telephone: 910-814-3751

Insulation Permit Information

Residential Other Not Required
Insulation Contractor's Company Name: TLC City Insulation
Signature of Officer (s) of Corporation: _____
Address: 418 Person St Fayetteville NC
Telephone: 910-486-8855

Mechanical Permit Information

Description of Work: HVAC Number of Units _____ Type System _____ Mechanical Cost \$ _____
Number of Tons _____
Mechanical Contractor's Company Name: Beasley's HVAC, Inc.
Signature of Officer(s) of Corporation: R. Brent Beasley
Address: 57 W.C. Beasley Ln. Coats NC 27521
License #: 9497 Telephone: 919-894-4248

Plumbing Permit Information

Description of Work: Plumbing Number of Baths _____ Plumbing Cost \$ _____
Plumbing Contractor's Company Name: W.W. Plumbing Co.
Signature of Officer(s) of Corporation: Kirk Wells
Address: PO Box 1235 Angier NC
License #: 14087 Telephone: 639-0195

* 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 # _____

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: _____ Date: _____

Address: _____ Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Construction Type: (Please Check)

New Moved House
 Renovation Addition Other

Building Use: (Please Check)

Residential Commercial
 Modular Multi-Family

Total Project Cost: _____ Description of Proposed Work: _____

General Contractor Information

Heated SF _____ Crawl Space () _____ Building Construction Cost \$ _____
Unheated SF _____ Slab () _____ Acres Disturbed _____ Stories _____

Building Contractor's Company Name _____ Telephone _____

Address _____ License # _____

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

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____

TS Pole: Yes () No () Underground () Overhead ()

Permanent Service: Underground () Overhead () Service Size: _____ Amps

Electrical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____

Number of Units _____ Type System _____ Mechanical Cost \$ _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____

Number of Baths _____ Plumbing Cost \$ _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation

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

Insulation Contractor's Company Name & Address _____ Telephone _____

**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: Moss Home Builders & Realty Inc

Sign/Title: W. Allen Vice President

Date: 1-22-07

Plan Box Number A-4

Job Name MOSS HOME BLDG.

Date: 1-23-07

Required Inspections for SFA/SFD

Appl. # 0650016139
Valuation ~~#171,801~~ #149,371
Sq. Feet 2635
2299

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		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R* Plumb. Under Slab
40		Four Trade Rough In
40	<u>✓</u>	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	<u>✓</u>	R* Insulation
60		Four Trade Final
60	<u>✓</u>	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	<u>✓</u>	Envir. Operations Permit

?

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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

Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed? ___ yes ___ no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? ___ yes ___ no
3. Do you intend to directly control & supervise construction activities? ___ yes ___ no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? ___ yes ___ no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? ___ yes ___ no

Sign & date

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.

W. Adams VP
Signature of Owner/Contractor/Officer(s) of Corporation

1/22/07
Date