

10140

Application for Building and Trade Permit

Owner's Name: Mass Home Builders Date: 6/22/00
Address: PO Box 577 Lillington NC Phone: 800 211 4754
Directions to job site: _____

Subdivision: Johnson Farms Lot: 10
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 Construction Cost \$ _____
Acres Disturbed: 1 Stories: _____
Building Contractor's Company Name: Mass Home Builders & Realty
W. Alton Address: PO Box 577 Lillington NC
Signature of Officer(s) of Corporation 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
Service Size: _____ Amps
Electrical Contractor's Company Name: P. Over Electric & Maintenance Co., Inc.
Neill B. Johnson Address: 422 Old US 421 Lillington NC, 27546
Signature of Officer (s) of Corporation License #: 21643 Telephone: 910-814-3751

Insulation Permit Information

Residential Other Not Required
Insulation Contractor's Company Name: TRI City Insulation Address: 418 Rowan 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: Bearley's Hgt & A/c, Inc. Address: 57 W.C. Bearley Ln. Coats NC 27521
R. Brent Bearley License #: 9497 Telephone: 919-894-4248

Plumbing Permit Information

Description of Work: Plumbing Number of Baths _____ Plumbing Cost \$ _____
Plumbing Contractor's Company Name: WFW Plumbing Co Address: PO Box 1239 Amber NC
Kirk Wells License #: 14087 Telephone: 639-0195

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.

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

Date 12-12-06

**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. E. [Signature] Vice Pres. Ltd

Date: 12-12-06

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Moss
11-28-06

Required Inspections for SFA/SFD

Appl # 0650016140
Valuation \$158,661
Sq. Ft 2442

- 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