

10141

Application for Building and Trade Permit

Owner's Name: Mass Home Builder Date: 6/22/06
Address: PO Box 577 Lillington NC Phone: 800 211 4756
Directions to job site: _____

Subdivision: Johnson Farms Lot: 13
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 1944 Crawl Space
Unheated _____ Slab
Building Contractor's Company Name: Mass Home Builders & Realty
Signature of Officer(s) of Corporation: W. Al...
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: Power Electric & Maintenance Co. Inc. Service Size: _____ Amps
Signature of Officer (s) of Corporation: Neil B. Johnson License #: 21643 Address: 122 Old US 421 Lillington NC, 27546
Telephone: 910-814-3751

Insulation Permit Information

Residential Other Not Required
Insulation Contractor's Company Name: TLC City Insulation 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. Address: 57 W.C. Beasley Ln. Coats NC 27521
Signature of Officer(s) of Corporation: R. Brent Beasley 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. Address: PO Box 1235 Angier NC
Signature of Officer(s) of Corporation: 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.

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

3/15/07
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: Moss Home Builders & Realty Inc

Sign/Title: W. Allen Vice Pres

Date: 3/15/07

Plan Box Number G-7

Job Name MISS HOME BLDG.

Date: 3-16-07

Required Inspections for SFA/SFD

Appl. # 0650016141
Valuation \$126,305
Sq. Feet 1944

Sequence

| | | |
|--------|-------------------------------------|-----------------------------|
| 10 | <input checked="" type="checkbox"/> | R* Bldg. Footing |
| 10-30 | <input checked="" type="checkbox"/> | R* Elec. Temp Service Pole |
| 20 | <input checked="" type="checkbox"/> | R* Building Foundation |
| 20 | <input checked="" type="checkbox"/> | Address Confirmation |
| 30-999 | <input checked="" type="checkbox"/> | Open Floor |
| 30-999 | <input type="checkbox"/> | R* Bldg. Slab Insp. |
| 30-999 | <input type="checkbox"/> | R* Elec. Under Slab |
| 30-999 | <input type="checkbox"/> | R*Plumb. Under Slab |
| 40 | <input type="checkbox"/> | Four Trade Rough In |
| 40 | <input type="checkbox"/> | Four Trade Rough In > 2500 |
| 40 | <input type="checkbox"/> | Three Trade Rough In |
| 40 | <input type="checkbox"/> | Three Trade Rough In > 2500 |
| 40 | <input type="checkbox"/> | Two Trade Rough In |
| 40 | <input type="checkbox"/> | Two Trade Rough In > 2500 |
| 40 | <input type="checkbox"/> | One Trade Rough In |
| 40 | <input type="checkbox"/> | One Trade Rough In > 2500 |
| 50 | <input checked="" type="checkbox"/> | R* Insulation |
| 60 | <input checked="" type="checkbox"/> | Four Trade Final |
| 60 | <input type="checkbox"/> | Four Trade Final > 2500 |
| 60 | <input type="checkbox"/> | Three Trade Final |
| 60 | <input type="checkbox"/> | Three Trade Final > 2500 |
| 60 | <input type="checkbox"/> | Two Trade Final |
| 60 | <input type="checkbox"/> | Two Trade Final > 2500 |
| 60 | <input type="checkbox"/> | One Trade Final |
| 60 | <input type="checkbox"/> | One Trade Final > 2500 |
| 999 | <input checked="" type="checkbox"/> | Envir. Operations Permit |