M.C.
*, 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 #	10	145	5

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-7525 www.hamett.org Application for Building and Trade Permit

Owner's Name: NAMCY EDWALDS Address: Rt 5 DINN NC 2	Date: 13 mt207
Address: Rt 5 DINN NC 2	8334 Phone: 910-237-185
Directions to job site from Lillington:	
Directions to job site from Limitgion.	
Subdivision: CATE WEST	Lot: 2_
Construction Type: (Please Check) Build	ding Use: (Please Check)
New Moved House F Renovation Addition Other N	Residential Commercial
	
Total Project Cost: (60,000) Description of Propo General Control Built	sed Work:
Heated SFCrawl Space Build Build Unheated SFSlab ()	ding Construction Cost \$
Unheated SFSlab () Acre	es DisturbedStories
HE QUEST DEVELOPMENT CO. OF DUNN ENC.	910-237-1853
Building Contractor's Company Name	Telephone
P.O. 2121 DVNN NC 28335	60521 License #
Address	
Signature of Owner/Contractor/Officer(s) of Corporati	on - Must sign back of form & workers comp
Description of Work TS Pole: Yes (1) No () Underground (2) Ove	Electrical Cost \$
Permanent Service: Underground (1)	Service Size: 200 Amps
GLEG SESSUMS ELECTRIC Electrical Contractor's Company Name	910-567-5630
Electrical Contractor's Company Name	Telephone
Electrical Contractor's Company Name / 89 WARLE LANE ANTRY VII Address	LE NC 18595-L
	License #
Die Sessen	
Signature of Officer(s) of Corporation Mechanical P	ermit Information
Description of Work Type System	
Number of Units Type System fleat	Mechanical Cost \$
JANDM HEATING AND A/C	910 - 897 - 5501
Mechanical Contractor's Company Name	Telephone
Address 1 1 1	License #
Address) Yout Column	2.001.00 //
Signature of Officer(s) of Corporation	
Plumbing Pe	rmit Information
Description of Work 712-3-6	
Number of Baths	Plumbing Cost \$
Plumbing Contractor's Company Name	910-590-1086 Telephone
2652 Southeast Bluck Clinton NC 28328	Telephone 16489
Address//_	License #
Signature of Officer(s) of Corporation	
Insulation Permit Information Res	idential () Other () Not Required ()
TRI-CITY INSULATION 1643 of Insulation Contractor's Company Name & Address F	LO HILMINGTON HWY 910-486-88:
Insulation Contractor's Company Name & Address F	AVETTEVILLE Telephone

•	Application #		
Commercial Jo Sprinkle	bs must fill out this portion r 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 <u>Driveway Access</u> - 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.

Signature of Owner Contractor/Officer(s) of Corporation

Date

Application	#
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Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned	d applicant for Building Permit # being the:
	General Contractor Owner
	Officer/Agent of the Contractor or Owner
Do hereby confi the work set fort	rm under penalties of perjury that the person(s), firm(s) or corporation(s) performing h in the permit:
	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
X	Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
X	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.
Department iss insurance prior	n the project for which this permit is sought it is understood that the Central Permitting uing the permit may require certificates of coverage of worker's compensation to issuance of the permit and at any time during the permitted work from any person, on carrying out the work.
Firm Name:	THE QUEST DEVELOPMENT CO. OF DUNN INC.
Sign/Title:	PRESIDENT
Date:	22 FAN 07

Plan Box Number <u>< −</u>8

Job Name HOWELL EDWARDS

Date: 3-13-07

Required Inspections for SFA/SFD

Appl. # <u>06 500 | 64 48</u> Valuation <u># 185, 364</u> Sq. Feet <u>2853</u>

Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	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	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
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