* 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. license.

| | | | NIKW | | |
|---|---------------------------|---|-------------------------|---------------------------|-----------|
| ction below to be filled out by r performing work. Must be owner d contractor. Address, company hone must match information on | PO Box 6 Telephone Number | Appli unty Central Permitting 55 Lillington, NC 27546 910-893-7525 www.harne Building and Trade I | ett.org Permit | | |
| Owner's Name: 10000000000 | PMB Land | Development | Date: 11-19-0 | <u>6</u> | |
| Address: 113 Tanning R. | idge Dr. Dun | N,NC 21334 | Phone: 919-893 | 7.6912 | |
| Directions to job site from Lillin | | Left on thu | 127 Cross | Dia laboras | |
| | es to right | r on hodges (| rapella et | on Neighbursj Subdinon | Kt. |
| Subdivision: Rennett | lace 5 | | | | • • • • • |
| Construction Type: (Please Cl ✓New Moved Ho Renovation Addition | useOther | Building Use: (Please ✓ Residential _ Modular | Commercial Multi-Family | | |
| Total Project Cost: | Description of Pro | oposed Work: ne | w construct | <u>101)</u> | |
| Heated SF <u>1650</u> Crawl Space Unheated SF Slab (5) | e OX | ontractor Informatio Building Construction Acres Disturbed | Cost \$Stories _/ | <u>5</u> | |
| Ken Dawson Hor Building Contractor's Compan | | <u> </u> | 22-104 19 = =9cc | > I | |
| Address Address | i Dr. Will | on shudin | 592 Lice | nse # | |
| Signature of Owner/Contracto | r/Officer(s) of Corpo | <u>Il Permit Information</u> | of form & workers comp | , | |
| Description of Work | derground () | Electrical Cos Overheard () | st \$ | | |
| TS Pole: Yes (X) No () Un Permanent Service: Undergro | ound () Overhea | ad () Service Size: | | mps | |
| Mabry's Flethica Electrical Contractor's Compa | 1 Service | 919-(o? Telephone | 39-4837 | | |
| Angler, NC | | | | 7 <u>L</u> ense # | |
| Address | bus | | | | |
| Signature of Officer(s) of Corp | poration | | | | |
| Description of Work | Mechanic | cal Permit Information | | <i>U</i> | |
| Number of Units | Type System _ | Heat Pump Med | | 60. ° | |
| Mechanical Contractor's Com | adtords HVA | Telephone | 9-55 2-3653 | ~~ | |
| HOLW Sovings | . NC | , oropino | 1265 | 4-3 | |
| Address | 1011 | | Lic | ense# | |
| Signature of Officer(s) of Cor | poration | - ng Permit Informatio | n | | |
| Description of Work | <u>r tutton</u> | | | 7 | |
| Number of Baths 2 | nbira | | -550 - 4832 | <u> </u> | |
| Plumbing Contractor's Comp | any Name | Telephone | ر ا | 521 | |
| Address 170 | <u> </u> | | | ense# | |
| Andr S | henter | | | | |
| Signature of Officer(s) of Cor | poration | n Residential () Oth | ner () Not Required | () | |
| Insulation | | parmun UC | 919-6 | <u>ii-0999</u> | |
| Insulation Contractor's Comp | | | Telephor | 10/06 | |
| | | | | | |

| | Application # | |
|--|---|--|
| Commercial Job <u>Sprinkler</u> | os must fill out this portion System Information | |
| Sprinkler Contractor's Company Name | Contact & Telephone | _ |
| Address | License # | |
| Signature of Officer(s) of Corporation Fire Alarn | n 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 Tr. | ansportation Driveway Access/Permit? Yes | No |
| Homeowners Apply Please answer the following questions then see a Permit Questionnaire per G.S. 87-14 Regulations a | ring to Build Their Own Home Technician to determine if you qualify for permit under Own as to Issue of Building Permits (Memo available) | |
| Do you own the land on which this but | | |
| 2. Have you hired or intend to hire an in the project? | dividual to superintend and manage co yes | enstruction of |
| 3. Do you intend to directly control & su | pervise construction activities? yes | no |
| 4. Do you intend to schedule, contract, be done? | or directly pay for all phases of constru yes | ction work to |
| 5. Do you intend to personally occupy to following completion of construction and creates the presumption under law that | i do vou ungerstand that it you do not c | 10 SO, 11 |
| Sign & date | | |
| I hereby certify that I have the authority to make and that the construction will conform to the Mechanical codes, and the Harnett County Zo contractors is correct as known to me and if are building and trade plans, Environmental Health my responsibility to notify the Harnett County Commental Health County Count | oning Ordinance. I state the information on the changes occur including listed contractors, permit changes or proposed use changes, I central Permitting Department of any and all changes. | ne above site plan, ertify it is anges. |

| Application | # |
|-------------|---|
|-------------|---|

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 forth | irm under penalties of perjury that the person(s), h in the permit: | firm(s) or corporation(s) performing |
| | Has/have three (3) or more employees and has/ compensation insurance to cover them. | have obtained workers' |
| | Has/have one (1) or more subcontractors(s) and compensation insurance to cover them. | I has/have obtained workers' |
| | Has/have one (1) or more subcontractors(s) who workers' compensation insurance covering them | o has/have their own policy of nselves. |
| | _ Has/have not more than two (2) employees and | no subcontractors. |
| Department iss insurance prior | on the project for which this permit is sought it is usuing the permit may require certificates of control to issuance of the permit and at any time during ion carrying out the work. | MARISON DI MOIVELS COMPCHOGION |
| | Ken Dawson Homes | IN. |
| Sign/Title: | Jan W. | President |
| Date: | 11-19-2006 | |

6-1

KEN DAWSON Homes

Two Trade Final > 2500

One Trade Final > 2500

Envir. Operations Permit

One Trade Final

Required Inspections for SFA/SFD Appl # OR Valuation

Sq. Ft

<u>Seq</u>

60

60

60

999

| Seq | |
|--------|-----------------------------|
| 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 |

Two Trade Final