

* 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 # 0650016257

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: Hamel Date: 11/21/06
Address: PO Box 727 Olan, NC 28375 Phone: 892-4345
Directions to job site from Lillington: 27 W (TL) on Appleton Way

Subdivision: Laurel Valley Lot: 58

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: _____ Description of Proposed Work: _____
Heated SF 2653 Crawl Space (Y) General Contractor Information Building Construction Cost \$ 112,800
Unheated SF 600 Slab () Acres Disturbed _____ Stories 2

Danny Norris Telephone 892-4345
Building Contractor's Company Name _____ License # _____
Address PO Box 727 Olan NC 28375

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

Danny Norris
Description of Work New Electrical Permit Information Electrical Cost \$ _____
TS Pole: Yes (X) No () Underground (X) Overhead ()
Permanent Service: Underground (X) Overhead () Service Size: 200 Amps

Wester & Pace Telephone 919-499-5389
Electrical Contractor's Company Name _____ License # _____
Address 546 Leslie Dr. Sanford, NC

Signature of Officer(s) of Corporation

William Wester
Description of Work New Mechanical Permit Information Mechanical Cost \$ _____
Number of Units 2 Type System Heat Pump
Jacksons Heating + Air Telephone 910-891-5410

Mechanical Contractor's Company Name _____ License # _____
Address PO Box 82 Benson, NC
Signature of Officer(s) of Corporation David Jackson

Description of Work New Plumbing Permit Information Plumbing Cost \$ _____
Number of Baths 2
Glover Contract Plumbing Telephone 910-892-1612

Plumbing Contractor's Company Name _____ License # _____
Address PO Box 726 Coats, NC
Signature of Officer(s) of Corporation Sharon Glover

Insulation Permit Information Residential () Other () Not Required ()
TRI CITY Insulation Telephone 910-286-8855
Insulation Contractor's Company Name & Address 418 Person St. Fay, NC

Sprinkler System Information - Commercial

_____ Sprinkler Contractor's Company Name	_____ Telephone
_____ Contact Person	
_____ Address	_____ License #
_____ Signature of Officer(s) of Corporation	

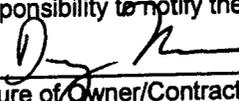
Fire Alarm System Information - Commercial

_____ Fire Alarm Contractor's Company Name	_____ Telephone
_____ Contact Person	
_____ Address	_____ License #
_____ Signature of Officer(s) of Corporation	

Driveway Access

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

11/21/06
Date

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

The undersigned applicant for Building Permit # _____ being the:

- 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: Home Co Builders

By/Title: Darryl Morris

Date: 11/29/06

AA-1

DANNY NORRIS
11-28-06

Required Inspections for SFA/SFD

Appl # 0650016251
Valuation \$210,184
Sq. Ft 3235

- 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