\* 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.

			0/6	6011.251
ction below to be filled out by r performing work. Must be owner d contractor. Address, company hone must match information on	PO Box 69 Telephone Number	Appl nty Central Permittin 5 Lillington, NC 27546 910-893-7525 www.ham Building and Trade	ett.org	<u>0010394_</u>
Owner's Name: Tarked			Date:	
Address Pd. Bex 39.	(index. INC)	28756	Phone: 9/6 - 8	192 6/33
	ا ممالا	1 ( ) ( )	4 pg. 1/ wills.	TUIN 6 L87
CW Tinger Ld. 00	419. 1/2 miles	TURN LOST CON	JOWER DEIVE	show by hight on sort -
Subdivision: Tingen Place	2		Lot <u>_<i>5</i>7</u>	Then by high en 19th. Colone
Construction Type: (Please C		uilding Use: (Please		•
New Moved Ho	use <u>-</u>	∠Residential Modular	Commercial Multi-Family	
				4 4 46 4
Total Project Cost / 49 @ 0 0	Conoral Co	votractor intormatic	NT C	
Heated SF / Crawl Space Unheated SF / Slab ( )	e() B	Building Construction Acres Disturbed	Cost \$Stories	2
Thicky Blackmon		919-429	. 1259	
Building Contractor's Compan		Telephone	362	
102 Lucias st. E	Ywin, NC	28384		icense #
Address Blanky	ial .			
Signature of Owner/Contracto	r/Officer(s) of Corpo	oration — Must sign back	of form & workers con	np
Description of Work / Vew		l Permit Information Flectrical Co	nst \$ <u>4,206</u>	
TS Pole: Yes ( No ( ) Ur	nderground (+ (	Overheard ( )		A
Permanent Service: Undergro		d() Service Size		_Amps
Electrical Contractor's Compa		<u> </u>	n. 6216	
702 Luces Street		•	204	19 <u>Y</u>
Address	7,500			License #
thick Klaiba	uer			
Signature of Officer(s) of Con	oration Mechanic	al Permit Information	on	
Description of Work No.	Instalklin			2.0%
Number of Units 2	Type System		chanical Cost \$_7	77
Mechanical Contractor's Com		<u>7/0 -</u> Telephone	813 - 63	<u>/}                                    </u>
	unleul, MC		- /	815
Address	711-			License #
Signature of Officer(s) of Con	poration			`
Description of Work	Plymbin STAU Plymp	g Permit Informatio	Nin 5457	72m
Number of Baths	2 1/2	Plumbing Co	ost \$	
KICKY D. PARS			892-5429	
Plumbing Contractor's Comp	// /	Telephone N.C.	28334	15383 P1
384 WOOD R	COAS DO	MN N.C.	<u> </u>	License #
Fich U				
Signature of Officer(s) of Cor Insulation	poration Permit Information	Residential ( Otl	ner () Not Requi	red ()
Whomen's Insuluk	in		<u> </u>	<u> </u>
Insulation Contractor's Comp	oany Name & Addres	SS	Telep	none

•	Application #		
Sprinkler	System Information - Commercial		
Sprinkler Contractor's Company Name	Telephone		
Contact Person			
Address	License #		
Signature of Officer(s) of Corporation Fire Alarr	m 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 Drivew	ray Access/Permit? Yes No		
and that the construction will conform Mechanical codes, and the Harnett Coucontractors is correct as known to me are building and trade plans. Environmental	to make necessary application, that the application is correct to the regulations in the Building, Electrical, Plumbing and inty Zoning Ordinance. I state the information on the above and if any changes occur including listed contractors, site plan, Health permit changes or proposed use changes, I certify it is unty Central Permitting Department of any and all changes.  Of Corporation  Date		

Application	#
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## 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 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.
***************************************	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.
Department issinsurance 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:	joly Djactma
Sign/Title:	ich Black Owner
Date: //	126/66

11-28-TARHEEL:

Require	ed Inspections for SFA/SFD	Appl # Valuation Sq. Ft	06 500 16254 \$160,805 2475
Seq		<u>Seq</u>	
10	R*Bldg Footing	60	Two Trade Final > 2500
10-30	R*Elec Temp Service Pole	60	One Trade Final
20	R*Bldg Foundation	60	One Trade Final > 2500
20	Address Confirmation	999	Envir. Operations Permit
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*Bidg 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		

2/12/07

Application #

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-7525 Fax 910-893-2793 www.harnett.org

Certification of Work Performed By Owner/Contractor

Owner (s) of Structure: Phone:
Owner (s) Mailing Address:
Land Owner Name (s): Phone:
Construction or Site Address:
Job Cost:Description of Work to be done
Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping
Electrical: 200 Amp <200 Amp Service Change Service Reconnect Other
Plumbing: Water/Sewer Tap Number of Baths Water Heater
Specific Directions to Job from Lillington:
Subdivision:Lot#:Lot#:
on this structure. I am the building owner or hold a NC state (Trade)
number 19099, which entitles me to perform such work on the above structure legally. All
work shall comply with the State Building Code and all other applicable State and local laws,
ordinances and regulations.
Structure owner(s) signature: Date:
Company Name: Waryl Padgett Plbg. Sphone: 910 - 892 - 1362  (Address: 803 E. Morris Carco, Dunn NC 28334  (County: Harnett Contractor's License #: 19099 D-/  (Contractor's Signature: Waryl Padgett Date: 2/12/07
Company name, address, & phone must match information on license.