Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

- 14307

Application for Building		
Owner's Name: Manueth Commings	and a Prof.	
Address: 630 Couds in AD Lillingde.	N/27546 Phone: 914 984-6765	
Directions to job site. A Let 27 Les 7 7.	2. or Wassey 1-2- on Jemes	
TIPE WORD DRING TO BE EN 30	1. On Nussay 7-1- on seman Black	
Subdivision: wed shee	Lot: 47	
Construction Type: (Please Check) Buildin	Use: (Please Check)	
New Res	idential	
RenovationMod	lular	
Addition Con	nmercial	
	i-Family	
Other		
Description of Proposed Work: 12 c is 146 ic		
Total Project Cost: 165/6/6		
Destidies of Designation	and the same and the same	
Building Permit I		
Heated SF 2498 Crawl Space (*) Building	Construction Cost \$ 160,000	
Unheated SF Slab () Acres [disturbed 7 Stories 2	
Building Contractor's Company Name	Telephone	
636 Erissic ID + Wingfor 16 2 1546	/ 4 \$.56	
Address	License #	
Address		
Signature of Officer(s) of Corporation		
and the second second		
Electrical Permit	nformation	
Description of Work	Electrical Cost \$	
TS Pole Yes (No () Underground () Overhe	ard ()	
Permanent Service: Underground () Overriead ()	Service Size. 200	
JM PUPE FICET	910 850 3655 Telephone	
Eligotical contractor a manifest y	2 / 2 2 6	
3483 Cameron Prive	License #	
Address M. Mary M. T. Corneration		
Signature of Officer(s) of Corporation		
Signature of Officer(s) or obsperation.		
Mechanical Permit	<u>Information</u>	
Description of Work		
Number of Units Type System	Mechanical Cost 5	
Johes & Johes	7/1	
Mechanical Contractor's Company Name	Telephone	
5217 matraccopr Hope mills ne 28348	License #	
Address .	LICE ISC W	
Signature of Officer(s) of Corporation		
Signature of Officer(\$701 Corporation		
Plumbing Permit Information		
Description of Work		
Number of Baths	Plumbing Cost \$	
Orchand Allen Collahan	910 475 -2441	
mumbing Contractor's Combany Name	Telephone	
318 Donn A STE ST Pauls ME 183	License #	
Address		
Signature of Officer(s) of Corporation		
Insulation Permit Information		
Residential (+ Other () Not Required ()	To the state of th	
Bluer Rite		
Insulation Contractor's Company Name Addre	Telephone	
HIGHWHAN GOLDWAND A COLLEGE A	12/04	

Sprinkler System Information

Sprinkler Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation	
<u>Fire Alarm</u>	System Information
Fire Alarm Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation	
<u>Driv</u>	eway Access
NC Department of Transportation Driveway Acce	ess/Permit? Yes No
correct and that the construction will conform Plumbing and Mechanical codes, and the Ha information on the above contractors is corre- including listed contractors, site plan, building changes or proposed use changes, I certify it in Central Permitting Division of any and all change	ke necessary application, that the application is to the regulations in the Building, Electrical, arnett County Zoning Ordinance. I state the ct as known to me and if any changes occur and trade plans, Environmental Health permit is my responsibility to notify the Harnett County s.
Signature of Owner/Contractor/Officer(s) of Corp	2-25-07
Signature of Owner/Contractor/Officer(s) of Corp.	oration Date

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

The undersigned applicant for Building Permit # being the:
CERCEUS TO LOC Contractor Jerry + Kinnik Owner Kinnik China 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: PEBCL Const Zile
By/Title: UP Kenneth Commings
Date: 2-29-67

Job Name KENNETH CUMMINGS

Date: 3 - 1 - 07

Required Inspections for SFA/SFD

Appl. # 06 500 16307 Valuation # 199, 724 Sq. Feet 3074

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
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