* 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.

16346

Application #_
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: Raynor-Bryan Condruction, LLC Date: 12/6/06
Address: 473 Waterburn Dr. Fanette ville NC 28311 Phone: 910 263-5599
Directions to job site from Lillington: Hwy 27 west to Tingen Rd (Icff)
Subdivier on left
Subdivision:Lot:Lot:
Construction Type: (Please Check) Building Use: (Please Check) ✓ New Moved House ✓ Residential Commercial Renovation Addition Other Modular Multi-Family
Total Project Cost: 165,000 Description of Proposed Work: New Construction Zericlestial General Contractor Information
Heated SF 2197 Crawl Space () Unheated SF2119 Slab () Building Construction Cost \$ /35,000 Acres Disturbed 0.38 ac. Stories 1112
Raynor - Bryan Construction, LLC (910) 263 - 5594 or (910) 308-0500 Building Contractor's Company Name Telephone
473 Waterbury Or: Fayetheville NC 28311 58723 License #
Signature of Owner/Contractof/Officer(s) of Corporation – Must sign back of form & workers comp Electrical Permit Information Floctrical Cost \$ 5,000
Description of Work Electrical Permit Information TS Pole: Yes () No () Underground () Overheard () Permanent Service: Underground () Overhead () Service Size: 200 Amps TM ORE Flectrical Permit Information Electrical Permit Information Electrical Permit Information Flectrical Permit Information Electrical Cost \$ 5000 Amps 910 890 - 3655
Electrical Contractor's Company Name Telephone 3483 Cameron Do Sanford NC 27330 21326
Address License #
Signature of Officer(s)/of Corporation Mechanical Permit Information Description of Work I-stell H.V.AC System
Number of Units Type System Mechanical Cost \$ 5,000 to 6,000 \\
Mechanical Contractor's Company Name Telephone
P.C Box 2467 Fay 14. 2800 18408 Address License #
Signature of Officer(s) of Corporation
Description of Work Plush
Number of Baths 2 878 Plumbing Cost \$ 4300 - 3 000 -
Plumbing Contractor's Company Name 910-865-6320 Telephone
1/33 With Dring Rd. St. Puls N.C. 16423 P-1 Address 20384 License #
the grant of the state of the s
Signature of Officer(s) of Corporation Insulation Permit Information Residential (p) Other () Not Required ()
Tri-City Frendation 418 Person St. Suite 101 Fugetteville (910/486-8855)
Insulation Contractor's Company Name & Address NC 2030 (10/06

• • • •	Application #	
Commercial Job	s must fill out this portion 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 Tra	unsportation Driveway Access/Permit? Yes	No
Homeowners Apply Please answer the following questions then see a Permit T	ing to Build Their Own Home echnician to determine if you qualify for permit under Own	ners Exemption.
Questionnaire per G.S. 87-14 Regulations as	s to Issue of Building Permits (Memo availab	le upon request)
1. Do you own the land on which this buil	Iding will be constructed? yes	no
2. Have you hired or intend to hire an ind the project?	lividual to superintend and manage col	nstruction of no
3. Do you intend to directly control & sup	ervise construction activities? yes	no
4. Do you intend to schedule, contract, o be done?	r directly pay for all phases of construction version.	ction work to
5. Do you intend to personally occupy the following completion of construction and coreates the presumption under law that you	do you understand that if you do not do	nonths o so, it
Zodd M. Ry Sign & date	yes	<u></u> 110
I hereby certify that I have the authority to make and that the construction will conform to the re Mechanical codes, and the Harnett County Zonic contractors is correct as known to me and if any building and trade plans, Environmental Health per my responsibility to notify the Harnett County Cen	egulations in the Building, Electrical, Plumbi ng Ordinance. I state the information on the changes occur including listed contractors, sil ermit changes or proposed use changes, I cer	ng and above te plan, rtify it is

Signature of Owner/Contractor/Officer(s) of Corporation

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:
IRV	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.
TRV	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	In 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.
•	Raynor-Bryan Construction Co., LLC
Sign/Title:	Lodd M. Ray / Owner
Date:	c. 6,2006

* 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 ilcense.

Application for Building and Trade Permit

Owner's Name:	Date:	_
Address:		_
		_
Subdivision:	Lot:	-
Construction Type: (Please Check) New Moved House Renovation Addition Other	Building Use: (Please Check) Residential Commercial	
Total Project Cost:Description		
Heated SFCrawl Space () Unheated SFSlab ()	Building Construction Cost \$Stories	
Building Contractor's Company Name	Telephone	
Address	License #	
Description of Work	Corporation - Must sign back of form & workers comp ctrical Permit Information Electrical Cost \$ Overhead () erhead () Service Size:Amp	
Electrical Contractor's Company Name	Telephone License #	
	inanical Permit Information (A) 3+0 13500 NP duct in the state of the	work, bush vents good btu mini split
Address Address Officer(8) of Corporation	The Spring Lake 1889 License L	Piping)
Description of Work	Dissoling Coat \$	
Number of Baths	Plumbing Cost \$	
Plumbing Contractor's Company Name	Telephone	
Address	License	#
Signature of Officer(s) of Corporation Insulation Permit Inform	nation Residential () Other () Not Required ()
Insulation Contractor's Company Name &	Address Telephone	_

Required Inspections for SFA/SFD

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
60	Two Trade Final

Appl # Valuation Sq. Ft	0650016346 #174,385
Seq	
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit