• Fach s	estion below to be filled out by
whrener	ver performing work. Must be owner
or licens	and contractor. Address, company
name &	phone must match information on
license.	

Ann	lic	ation	Ħ
TPP.	.,,	Certo.	• •

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: 53) Home Builders	LC Date: 2/18/06
	Dhana: (4/4)/2/4/2/4/2/4/
The state of the s	11 PASI KILFFAIO
Subdivision: LAUREL VALLEY	Lot: 42 Kight
COIISU GCUOII TYPO: (1 1023 C T T T T T T T T T T T T T T T T T T	Jse: (Please Check) ential Commercial
New Moved House Resid	and the same of th
Total Project Cost: 180,000 Description of Proposed Contractor	Nork:
Ruilding	Construction Cost \$ /5 / CO
Ollivoring of AFT	sturbedStories
53 D Heme Builders LLC	(919) 669-6327
Building Contractor's Company Hame	felephone 59549_
149 COLT AVE COATS, NC 2752	License #
Address	
Signature of Owner/Contractor/Officer(s) of Corporation -	Must sign back of form & workers comp
Beotrical Parall	
Description of Work	_Electrical Cost \$
TS Pole: Yes (*) No () Underground () Overhead ()	Service Size: 800 Amps
Permanent Service: Underground (*) Litaries of Page Blades Tax	919 429 2996
Succession Contractor's Company Name 546 Leg / Leg Santal NC 2782	Telephone 12007-4.
246 C-0/(L/M-1847)	
Address	License #
Add B. No B Whele	License #
Address Signature of Officer(s) of Corporation	
Address RITU Signature of Officer(s) of Corporation Machanical Parmi	
Address RITELE Signature of Officer(s) of Corporation Machanical Permi	Information Mechanical Cost \$
Signature of Officer(s) of Corporation Machanical Permi Description of Work Number of Units Type System FLAT	Information Fine Mechanical Cost \$ 10-21-54/0 9/9-669-0486
Signature of Officer(s) of Corporation Machanical Permi Description of Work Number of Units Jeckson's FT6- 1-1/C, Fs.C. Machanical Contractor's Company Name	Information Mechanical Cost \$
Signature of Officer(s) of Corporation Machanical Permi Description of Work Number of Units Type System FLAT	Information Fine Mechanical Cost \$ 10-21-54/0 9/9-669-0486
Signature of Officer(s) of Corporation Mechanical Permi Description of Work Number of Units Type System Fig. 15 - F.	Information Fine Mechanical Cost \$ 10-21-54/0 9/9-669-0486
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Signature of Officer(s) of Corporation Machanical Permi Description of Work Number of Units JECKS PUS PT & FILL, Fac. Machanical Contractor's Company Name PO Box 3 - Dew Sov 1 N. (3 1 504 Address J. Deer Officer(s) of Corporation Plumbing Permit.	Information - firm Mechanical Coet \$
Signature of Officer(s) of Corporation Machanical Permi Description of Work Number of Units	Information Information Information
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Signature of Officer(s) of Corporation Machanical Permi Description of Work Number of Units JECKS PUS PT & FILL, Fac. Machanical Contractor's Company Name PO Box 3 - Dew Sov 1 N. (3 1 504 Address J. Deer Officer(s) of Corporation Plumbing Permit.	Information Information Information Plumbing Coet \$
Signature of Officer(s) of Corporation Description of Work Number of Units Type System Fluid Mechanical Permit Jeksen's FF + F/C, Fe C Mechanical Contractor's Company Name PO Box 3 - Den Sov N.C. 3 1504 Address Signature of Officer(s) of Corporation Description of Work Number of Beths Fluid Disk LKC Plumbing Contractor's Company Name Plumbing Contractor's Company Name Address Address Address Plumbing Contractor's Company Name Address	Information Information Information Plumbing Coet \$
Signature of Officer(s) of Corporation Machanical Permi Description of Work Number of Units JECKS PUS PT & FILL, Fac. Machanical Contractor's Company Name PO Box 3 - Dew Sov 1 N. (3 1 504 Address J. Deer Officer(s) of Corporation Plumbing Permit.	Information Information Information Plumbing Coet \$
Signature of Officer(s) of Corporation Description of Work Number of Units Jeckson's FF + F/C, Fe C. Mechanical Contractor's Company Name Po Boy 3 - Den Sov , N	Information First Mechanical Cost \$ \$\sum_{0} = 291 - 5410
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Commercial Jobs must fill out this portion Sprinkler System Information

Sprinkter Contractor's Company Name	Contact & felephone
Address	License ≠
Separature of Officer(s) of Corporation Fire Alarm	n System Information
Fire Alarm Contractor's Company Name	Contract & Telephone
Address	License #
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Tr.	unsportation Draveway Access Permit? Yes No
Homeowners Apply dease answer the following questions then see a Permit 3	ring to Build Their Own Home Technician to determine if you qualify for permit under Owners Exemption.
Questionnaire per G.S. 87-14 Regulations a	s to Issue of Building Permits (Memo available upon request)
1. Do you own the land on which this buil	Iding will be constructed?yesno
2. Have you hired or intend to hire an income the project?	dividual to superintend and manage construction of yes 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 work to yes no
	e building for at least 12 consecutive months do you understand that if you do not do so, it ou fraudulently secured the permit?
	yes no
Sign & date	
and that the construction will conform to the re- Mechanical codes, and the Harnett County Zoni contractors is correct as known to me and if <u>any</u> building and trade plans. Environmental Health pe	necessary application, that the application is correct egulations in the Building, Electrical, Plumbing and ing Ordinance. I state the information on the above changes occur including listed contractors, site plan, errort changes or proposed use changes. I certify it is trai Permitting Department of any and all changes or proposed.

۸		#		
٦p	plication	#	 	

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 Own	er
Do hereby conf the work set fort	rm under penalties of perjury that the h in the permit:	person(s), firm(s) or corporation(s) performing
	Has/have three (3) or more employee compensation insurance to cover there	s and has/have obtained workers' n.
	Has/have one (1) or more subcontrac compensation insurance to cover the	tors(s) and has/have obtained workers' n.
_/	Has/have one (1) or more subcontract workers' compensation insurance cov	tors(s) who has/have their own policy of ering themselves.
	Has/have not more than two (2) empl	byees and no subcontractors.
Department iss insurance prior firm or corporati	uing the permit may require certific to issuance of the permit and at any ti on carrying out the work.	ught it is understood that the Central Permitting ates of coverage of worker's compensation me during the permitted work from any person,
Firm Name:	53 P Home Be	Iders LLC
Sign/Title:	53 D Hone be	
Date:		

CROWL OR SLAB ??

Plan Box Number A-I	Job Name S ! D Homes	
	- 10 10 1	

Date: 12-19-06

Required Inspections for SFA/SFD

Appl. # 0650016421Valuation \$194,266Sq. Feet 990

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
	-