

06-50016438

**Application for Building and Trade Permit**

Owner's Name: CHRISTOPHER W. WEAVER T/A CWW CONTRACTORS Date: 1/16/07  
Address: 172 WINDMERE DR. ANGLER, N.C. 27501 Phone: 919-796-9286  
Directions to job site: \_\_\_\_\_

Subdivision: PEAR MEADOW Lot: 13

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

Description of Proposed Work: CONSTRUCT NEW SFD  
Total Project Cost: 150,000

**Building Permit Information**

Heated SF 1897 Crawl Space () Building Construction Cost \$ 125,000  
Unheated SF 501 Slab () Acres Disturbed .34 Stories \_\_\_\_\_  
CWW CONTRACTORS 919-796-9286  
Building Contractor's Company Name Telephone 56674  
172 WINDMERE DR. ANGLER NC License # \_\_\_\_\_  
Address \_\_\_\_\_  
Signature of Officer(s) of Corporation Chris W. Weaver

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Electrical Cost \$ 4500  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: 200 Amps  
MABRY'S ELECTRICAL SERVICE 919-639-4837  
Electrical Contractor's Company Name Telephone \_\_\_\_\_  
731 MABRY RD. ANGLER, N.C. 27501 License # \_\_\_\_\_  
Address \_\_\_\_\_  
Signature of Officer(s) of Corporation John J. Mabry

**Mechanical Permit Information**

Description of Work \_\_\_\_\_  
Number of Units \_\_\_\_\_ Type System \_\_\_\_\_ Mechanical Cost \$ 6000  
M&H Heating & A/C Inc 919-532-9223  
Mechanical Contractor's Company Name Telephone \_\_\_\_\_  
126 S. Fugate Ave Fugate Virginia NC 552-9223 4412 class I  
Address \_\_\_\_\_ License # \_\_\_\_\_  
Signature of Officer(s) of Corporation H.C. Allred Jr

**Plumbing Permit Information**

Description of Work \_\_\_\_\_  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ 4500  
Tommy Allen Plg. 552-6902  
Plumbing Contractor's Company Name Telephone \_\_\_\_\_  
1116 Kennebec Rd 9268  
Address \_\_\_\_\_ License # \_\_\_\_\_  
Signature of Officer(s) of Corporation Willow Springs NC 27192  
Tommy E. Allen

**Insulation Permit Information**

Residential ( ) Other ( ) Not Required ( )  
TRI-CITY 418 PERSON ST. FAYETTEVILLE 910-986-8855  
Insulation Contractor's Company Name Address Telephone  
N.C.

**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 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: CWW CONTRACTORS

Sign/Title: Charles W. White - OWNER

Date: 1/16/07

Plan Box Number A-4

Job Name CWW CONTRACTORS

Date: 1-16-07

Required Inspections for SFA/SFD

Appl. # 0650016438

Valuation \$152,879

Sq. Feet 2353

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999	<input type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input type="checkbox"/>	R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40	<input type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	Four Trade Final
60	<input type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit