* Each section below to be filled out by whomever performing work. Must be owner name & phone must match information on license.

section below to be filled out by			Application #	06 500 16 45
ver performing work. Must be owner sed contractor. Address, company		ounty Central Perm	nitting	
phone must match information on		k 65 Lillington, NC 2754 per 910-893-7525 www.		
		r Building and Tra		
Owner's Name: (Lustom (Ontracting.	COLD	Date:	4-24-07
Address: 15045. Horner B	lud SAdy	L 27331)	Phone	: 919-1445-1497
				OSA TO WE
Directions to job site from Lilling		(1		
Carolina Season on fond cos)	t on Facilian		in left
Subdivision: (axoLine Sow	ohr.		Lot:	<u> </u>
Construction Type: (Please Che	•	Building Use: (Plea		
✓ New Moved Hous		✓ Residential		mmercial
Renovation Addition	Other	Modular	$\overline{}$	lti-Family
Total Project Cost: 180,000				٧
1900 5.F.		Contractor Informa		HID KAN
Heated SF 100 Crawl Space Unheated SF Slab ()	• •	Building Constructi Acres Disturbed	ion Cost \$ _	\$50,000 Stories 1
V	_	_	<u> 100</u>	_3lones
Building Contractor's Company		. <u>919-178</u> Telephone	5- 1497	
10/11/5/11	, 6	ord the 27		8/11
Address O	id Jant	DLA LIC AT	<u> </u>	license#
Address	110			LICEI ISC #
Signature of Owner/Contractor/C	Officer(e) of Corn	orotion	ank of forms 8 w	advara sama
Signature of Owner/Contractor/C		oration – must sign bi al Permit Informati		orkers comp
Description of Work		Electrical C		
		Overhead ()	•	_
Permanent Service: Undergrour	id (*) Overnea	ad () Service Siz	źe:	Amps
Electrical Contractor's Company	Name	Telephone		
Address				License #
Address				Licerise #
Circulture of Officer(a) of Corner				
Signature of Officer(s) of Corpora		al Permit Informat	tion	
Description of Work				····
Description of Work Number of Units	Type System	Mo	echanical Co	ost \$
Mechanical Contractor's Compar	ny Name	Tel	lephone	
Address				License #
Signature of Officer(s) of Corpora		Damek Indonesaki	(a.a.	
Description of Work		<u> Permit Informati</u>	<u>OII</u>	
Number of Baths		Plumbing C	Cost \$	
			•	
Plumbing Contractor's Company	Name	Tei	ephone	
,			•	
Address				License #
				•
Signature of Officer(s) of Corpora	ition			
insulation Pern	nit Information	Residential () Ot	her () Not	Required ()
· .		·		
Insulation Contractor's Company	Name & Addres	s		Telephone

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

Application	on for Building at	nd Trade Permit
Owner's Name: Custom Contrac	tiNa CORP.	nd Trade Permit Date: 2.21330 Phone: 9/9-1175-1497
Address: 1504 S. HORNED Rlud.	Sawfood NO	21330 Phone: 919-1115-1400
Directions to job site:	- STILL IND	2000 Phone. 111-411-1114
Subdivision:		Lot:
Type Construction: (Please Check)		Building Use: (Please Check)
New & Renovation () Addition ()		Residential & Modular ()
Moved House () Other ()		Commercial () Multi-Family ()
Description of Proposed Work:		Commercial () Profit-Lamin, ()
Description of Proposed Work: Total Project Cost:		
Bui	ilding Permit Info	ormation
Unheated Slab 0	Acres Disturbe	d Stories
Unheated Slab 0 Corp.	/502	Co Hogyan Rive Saufood
Building Contractor's Company Name	1307	Stories Stories So. Horner Blud, Sanford Address
bunding Contractor & Company Name	0////	Address (919) 175-1497
G:	8667	(7/9) 173 - 7777 .
Signature of Officer(s) of Corporation	T : 4	T-1
TOL	AS IN ST	
Description of Work May Win Sug	trical Permit Inte	ormation Plantial Cost &
To Deley Ves A N. O. T. 1		Electrical Cost 3
Daniel Ies U No U Underground () Overheard ()	
Dillinas Electric Co	Overhead ()	Service Size: Service Size: Amps Address Address Address Telephone Address Telephone
Electrical Contractor's Company Name		Address
KM PLICON	2/_	4x-11, 910-258-2115/919-770-0143
Signature of Officer (s) of Cornoration	Lice	rise # Telephone
w (c) or outpermien	DAOO	tue " Lotophone
Insu	lation Permit Info	ormation
Residential Q Other ()	Not Required	O 19 First St. P.O. Box 333 Sawford Address
ENSULATION INSTAllERS	•	119 First St. P.D. Rox 333 Sautord
nsulation Contractor's Company Name		Address
919-774-4335		71001005
Telephone		
361	anical Permit Inf	ormation.
Description of Work New HYAC Number	er of I Inite	Type System Mechanical Cost \$
Josth Pasks 44	A /A	Type System
Jorth Parker Ht. Acchanical Contractor's Company Name	70/3	MAWKINS MUE, SANGORA
	2015	Address
North parker	38/3	(919) 776-4575
ignature of Officer(s) of Corporation	License #	Telephone
·		.•
Plum	bing Permit Info	
escription of Work New Plumbing Nu	moer of Baths	Plumbing Cost \$
eliable Plumbing		6316 Zion Church Rd., SANTORD
lugabing Contractor's Company Name	442.	Address
Jerry Thomas	7/5/	(<i>9/9) 175- 5782</i>
gnature of Officer(s) of Corporation	License #	Telephone
ω .		· ·

Application #06506	16458

	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 Tran	asportation Driveway Access/Permit? Yes	No
Homeowners Applyi Please answer the following questions then see a Permit Te	ng to Build Their Own Home	ners Exemption.
Questionnaire per G.S. 87-14 Regulations as		
Do you own the land on which this build	ding will be constructed? yes	no
Have you hired or intend to hire an indithe project?	•	nstruction of
3. Do you intend to directly control & supe	rvise construction activities? yes	no
4. Do you intend to schedule, contract, or be done?	* * *	tion work to
5. Do you intend to personally occupy the following completion of construction and do creates the presumption under law that you	o you understand that if you do not do	onths oso, it
, .	yes	no
Sign & date		
I hereby certify that I have the authority to make n and that the construction will conform to the reg Mechanical codes, and the Harnett County Zoning contractors is correct as known to me and if any cl building and trade plans, Environmental Health per my responsibility to notify the Harnett County Centr	julations in the Building, Electrical, Plumbing Ordinance. I state the information on the hanges occur including listed contractors, sit mit changes or proposed use changes, I cer	ng and above e plan, tify it is
San Tlorus	5-10-07 Date	_

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

The undersig	gned applicant for Building Permit #	being the:		
	General Contractor Owner			
	Officer/Agent of the Contractor or Owner			
	onfirm under penalties of perjury that the person(s), forth in the permit:	firm(s) or corporation(s) performing		
	Has/have three (3) or more employees and has/l compensation insurance to cover them.	have obtained workers'		
	Has/have one (1) or more subcontractors(s) and compensation insurance to cover them.	has/have obtained workers'		
	Has/have one (1) or more subcontractors(s) who workers' compensation insurance covering them			
	Has/have not more than two (2) employees and	no subcontractors.		
Department insurance price	g on the project for which this permit is sought it is un issuing the permit may require certificates of co for to issuance of the permit and at any time during the ration carrying out the work.	overage of worker's compensation		
Firm Name:	ustom Contracting Corp			
Sign/Title:	Jundes drogdin - decretain			
Date:	42401			

Plan Box Number <u>B-3</u>

Job Name CYSTEM COATR

Date: 01 - 25-07

Required Inspections for SFA/SFD

Appl. # 07500 16458 Valuation #136,440 Sq. Feet 2100

Sequence

10 (-	nant n
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