

\* 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.

Application # 0650016459  
Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 www.harnett.org  
**Application for Building and Trade Permit**

Owner's Name: Custom Contracting Corp Date: 6-8-07  
Address: PO Box 2825 Sanford NC 27331-2825 Phone: 919-775-1497

Directions to job site from Lillington: Front St. to main - left on main - right on NC297 to Ponderosa Rd. - to Ponderosa trail (-left) - right on Fox Run

Subdivision: Carolina Seasons Lot: T6

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

Total Project Cost: 175,000 Description of Proposed Work: Residential home

Heated SF 2404 Crawl Space ( ) Building Construction Cost \$ 175,000 -  
Unheated SF 444 Slab ( ) Acres Disturbed \_\_\_\_\_ Stories 1 1/2

Custom Contracting Corp 919-775-1497  
Building Contractor's Company Name Telephone

PO Box 2825 Sanford NC 27331-2825 3664  
Address License #

Sam Norris  
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: \_\_\_\_\_ Amps

\_\_\_\_\_  
Electrical Contractor's Company Name Telephone

\_\_\_\_\_  
Address License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work \_\_\_\_\_  
Number of Units \_\_\_\_\_ Type System \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_

\_\_\_\_\_  
Mechanical Contractor's Company Name Telephone

\_\_\_\_\_  
Address License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_

\_\_\_\_\_  
Plumbing Contractor's Company Name Telephone

\_\_\_\_\_  
Address License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential ( ) Other ( ) Not Required ( )

\_\_\_\_\_  
Insulation Contractor's Company Name & Address Telephone

*See Attached Sheet*

0650016459  
~~06-500-16461~~

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

**Application for Building and Trade Permit**

Owner's Name: Custom Contracting Corp. Date: \_\_\_\_\_  
Address: 1504 S. HORNER Blvd. SANFORD, NC 27330 Phone: 919-775-1497  
Directions to job site: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Type Construction: (Please Check)  
New  Renovation  Addition   
Moved House  Other  Building Use: (Please Check)  
Residential  Modular   
Commercial  Multi-Family   
Description of Proposed Work: \_\_\_\_\_  
Total Project Cost: \_\_\_\_\_

**Building Permit Information**

Heated \_\_\_\_\_ Crawl Space   
Unheated \_\_\_\_\_ Slab  Building Construction Cost \$ \_\_\_\_\_  
Acres Disturbed \_\_\_\_\_ Stories \_\_\_\_\_  
Custom Contracting Corp. Address 1504 So. HORNER Blvd, SANFORD  
Building Contractor's Company Name License # 8664 Telephone (919) 775-1497  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Electrical Permit Information**

Description of Work NEW WIRING Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes  No  Underground  Overhead   
Permanent Service: Underground  Overhead  Service Size: \_\_\_\_\_ Amps  
Billings Electric Co Address 736 John Rasser Rd Sanford, NC 27333  
Electrical Contractor's Company Name License # 3640-U Telephone 919-258-3115 / 919-770-0143  
Signature of Officer (s) of Corporation \_\_\_\_\_

**Insulation Permit Information**

Residential  Other  Not Required   
Adam Insulation Inc Address 519 Old Drug Store Rd Garner, NC  
Insulation Contractor's Company Name Telephone 919-661-0999 27529

**Mechanical Permit Information**

Description of Work NEW HVAC Number of Units \_\_\_\_\_ Type System \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_  
Worth Parker, Atg Address 1015 Hawkins Ave, SANFORD  
Mechanical Contractor's Company Name License # 3813 Telephone (919) 776-4575  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Plumbing Permit Information**

Description of Work NEW PLUMBING Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
Reliable Plumbing Address 6316 Zion Church Rd., SANFORD  
Plumbing Contractor's Company Name License # 7151 Telephone (919) 775-5782  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Commercial Jobs must fill out this portion**  
**Sprinkler 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	

**Driveway Access - NC Department of Transportation Driveway Access/Permit?**      Yes      No

**Homeowners Applying to Build Their Own Home**

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed?      \_\_\_ yes      \_\_\_ no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?      \_\_\_ yes      \_\_\_ no
3. Do you intend to directly control & supervise construction activities?      \_\_\_ yes      \_\_\_ no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?      \_\_\_ yes      \_\_\_ no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?      \_\_\_ yes      \_\_\_ no

\_\_\_\_\_  
Sign & date

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if any changes occur including listed contractors, site plan, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

*Larry Thomas*  
Signature of Owner/Contractor/Officer(s) of Corporation

6-14-07  
Date

**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: Custom Contracting Corp  
Sign/Title: Lane Thomas Project Manager  
Date: 6-14-07

Plan Box Number A-2

Job Name CUSTOM CONTRACTING

Date: 6-14-07

Required Inspections for SFA/SFD

Appl. # 0650016459  
Valuation \$187,118  
Sq. Feet 2880

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 type="checkbox"/>	Four Trade Rough In
40	<input checked="" 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 type="checkbox"/>	Four Trade Final
60	<input checked="" 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