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

Application for Building and Trad	<u>le Permit</u>
Owner's Name Custom Contracting Corp.	Date:
Owner's Name: Custom Contracting Corp.  Address: 1504 S. Horner Blud. Santord, NC 2733	80 Phone: 9/9-175-1997
Directions to job site:	
6 t v 1 t	<b>.</b> .
Subdivision:	Lot:Building Use: (Please Check)
Type Construction: (Please Check)	Building Use: (Please Check)
New 🔏 Renovation () Addition ()	Residential 🔉 Modular ()
Moved House () Other ()	Commercial () Multi-Family ()
Description of Proposed Work:	
Total Project Cost:	
Duilding Dannis Information	<b></b>
Heated 1895 Crawl Space ()  Unheated 100 Slab ()  Custom Contracting Corp.  Building Permit Information  Building Contractor  Acres Disturbed  [504 So. / Building Permit Information  [504 So. /	311 estaction Cort \$
Unbested (O) Clab O	Stories
Custon Contract the Contract th	Hansen Pl. J Caufand
CUSTOM CONTRACTING CORP. [309 Soil	TORNER BIDA, SHINORA
Building Contractor's Company Name	1010\ 1745 - 1491
3/3/100/2	Talanhara
Signature of Officer(s) of Corporation License #	reiepnone
Signature of Officer(s) of Corporation  License #  Electrical Permit Information  Description of Work New Wiring.	t
Description of West Many Wileston	Electrical Cost \$
Description of Work New Wiring. TS Pole: Yes () No () Underground () Overheard () Permanent Service: Underground () Overhead () Service: Underground () Overheard () Overheard () Service: Underground () Overheard () Overhear	Electrical Cost 3
Description Floring History and Complete Company	vian Circo Amno
T M Prop File follo	rice size. All S. A. J. ha Add
Electrical Contentes of Connects Name	o stone wheel his sanyou the
Electrical Londractor's Company Name	17/16 - 5/4/4 / Din+ 890 - 365
Schooling of Policy II	Telephone 110-0
Signature of Officer (s) of Corporation License #	Telephone
Insulation Permit Informat	ion
Residential Other () Not Required ()  INSULATION INSTALLERS //9  Insulation Contractor's Company Name	
INSULATION INSTAllERS 119	First St. P.O. Box 333 SANTORA
Insulation Contractor's Company Name	Address
919- 7114- 4335	
Insulation Contractor's Company Name  919 - 774 - 4335  Telephone	
Machanical Downit Informs	<u>tion</u>
Description of Work New HVAC Number of Units Type Worth Parker Hts 10/5 HA Mechanical Contractor's Company Name	System Mechanical Cost \$
Worth Parker Ata 1015 HA	wkins Ave, Sawford
Mechanical Contractor's Company Name	Address
Worth Marker 3813	(919) 776-4575
Signature of Officer(s) of Corporation License #	Telephone
Plumbing Permit Informat	
Description of Work New Plumbing Number of Baths	Plumbing Cost \$
Meliable Plumbing 63	16 Zion Church Rd., SANTORD
Plumbing Contractor's Company Name	(a <sub>1</sub> a) Address
Jonas 7/51	(919) 175-5782
Signature of Officer(s) of Corporation License #	Telephone

Application # 06 500 16461

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

The undersigne	d applicant for Building Permit # being the:
	General Contractor
	Owner
	Officer/Agent of the Contractor or Owner
Do hereby confi the work set fort	irm 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.
	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 to firm or corporation Firm Name:	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.  The standard for the permit and at any time during the permitted work from any person, on carrying out the work.
Sign/Title://	ag. spore
Date:/_	12/07

Application # 06 500 1646/

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 <u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit?  Yes No			
Homeowners Applying to Please answer the following questions then see a Permit Technicia	Build Their Own Home in to determine if you qualify for permit under Owners	Exemption.	
Questionnaire per G.S. 87-14 Regulations as to Iss	sue of Building Permits (Memo available t	ipon 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 individua the project?	al to superintend and manage cons	truction of	
3. Do you intend to directly control & supervise	e 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.  Signature of Owner/Contractor/Officer(s) of Corporation  Date			

\* 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

Application # 06 500 16 46/

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

Telephone Number 910-893-7525 www.harnett.org Application for Building and Trade Permit

Directions to job site from Lillington: Building Use: (Please Check) Construction Type: (Please Check) Residential Commercial Moved House \\_New \_\_ Moved H **Multi-Family** \_\_ Other Modular Renovation Total Project Cost: 150, 000 Description of Proposed Work: New **General Contractor Information** Heated SF /89 Crawl Space 6 **Building Construction Cost \$\_** Acres Disturbed 1/ Unheated SF400Slab () Telephone **Building Contractor's Company Name** Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp **Electrical Permit Information** Electrical Cost \$ \_ Description of Work TS Pole: Yes () No () Underground () Overheard () Amps Permanent Service: Underground () Overhead () Service Size: \_ Telephone **Electrical Contractor's Company Name** License # Address Signature of Officer(s) of Corporation **Mechanical Permit Information** Description of Work Mechanical Cost \$ Type System Number of Units Telephone Mechanical Contractor's Company Name License # Address Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work \_ Plumbing Cost \$\_ Number of Baths \_\_\_\_ Telephone Plumbing Contractor's Company Name

License # Address

Signature of Officer(s) of Corporation Insulation Permit Information Residential () Other () Not Required ()

Telephone Insulation Contractor's Company Name & Address

Plan Box Number D-

Job Name CUSTOM
CONTRACTING

Date: 1-18-07

## Required Inspections for SFA/SFD

Appl. # 06500 6461 Valuation # 145, 862 Sq. Feet 2245

## 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