

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 # _____
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: QUEST DEV. CO. INC. Date: 06 MAR 09
Address: P.O. 2121 DUNN NC Phone: _____
Directions to job site from Lillington: 210 W TR Anderson Creek Rd
TR Laurel Black Rd. Sub. on Right
Subdivision: CATWREST Lot: 49

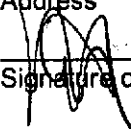
Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: 160,000 Description of Proposed Work: New

General Contractor Information

Heated SF Crawl Space () Building Construction Cost \$ _____
Unheated SF Slab () Acres Disturbed _____ Stories _____


THE QUEST DEVELOPMENT CO. OF DUNN INC. 910-237-1853
Building Contractor's Company Name Telephone
P.O. 2121 DUNN NC 28335 60521
Address License #


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

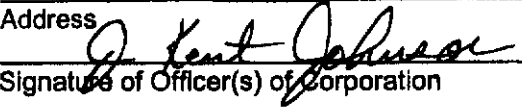
BLEO SESSIONS ELECTRIC 910-567-5630
Electrical Contractor's Company Name Telephone
189 MARIE LANE ATRYVILLE NC 18595-L
Address License #


Signature of Officer(s) of Corporation

Mechanical Permit Information


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

JAND M HEATING AND A/C 910-897-5501
Mechanical Contractor's Company Name Telephone
724 TULLINGTON RD. DUNN N.C. 28334 17164
Address License #


Signature of Officer(s) of Corporation

Plumbing Permit Information

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

J+D PLUMBING 910-590-1086
Plumbing Contractor's Company Name Telephone
2652 Southeast Blvd Clinton NC 28328 16489
Address License #

Signature of Officer(s) of Corporation

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

TRI-CITY INSULATION 1643 OLD LILLINGTON HWY 910-486-8855
Insulation Contractor's Company Name & Address FAYETTEVILLE Telephone

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

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

06 MAR 07

**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.

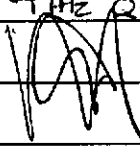
Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

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: THE QUEST DEVELOPMENT CO. OF DUNN INC.

Sign/Title:  PRESIDENT

Date: 22 JAN 07

Plan Box Number H-7

Job Name HOWELL EDWARDS

Date: 3-1-07

Required Inspections for SFA/SFD

Appl. # 0650016471
Valuation ~~\$170,000~~ \$289,209
Sq. Feet ~~2747~~
3220

Sequence

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