

\* 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.

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

Application # 0750016542

Owner's Name: Tom Developers, Inc. Date: 1-24-07  
Address: 466 STANCL RD ANGLIER NC Phone: 639-2073  
Directions to job site from Lillington: 210 E left on James Norris Rd.

Subdivision: Autumn Pointe Lot: 1

Construction Type: (Please Check)  
 New  Moved House  
 Renovation  Addition  Other

Building Use: (Please Check)  
 Residential  Commercial  
 Modular  Multi-Family

Total Project Cost: 150,000.00 Description of Proposed Work: NEW HOME

Heated SF 1307 Crawl Space   
Unheated SF 900 Slab

**General Contractor Information**

Building Construction Cost \$ 150,000.00  
Acres Disturbed 0.06 Stories 1.5  
919 639 2073  
Telephone

Bradley Burt  
Building Contractor's Company Name  
466 STANCL RD ANGLIER  
Address

54519  
License #

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

**Electrical Permit Information**

Description of Work RES. Electrical Cost \$ 4000.00  
TS Pole: Yes  No  Underground  Overhead   
Permanent Service: Underground  Overhead  Service Size: 200 Amps

STANCL & DWEN ELEC.  
Electrical Contractor's Company Name  
466 STANCL RD ANGLIER  
Address

919-639-2073  
Telephone  
13075-L  
License #

Bradley Burt  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work RES  
Number of Units 2 Type System 13 SER Mechanical Cost \$ 6000.00

S.C.'S HEATING & AC  
Mechanical Contractor's Company Name  
539 WADE-STEPHENSON RD IDOLY SPRINGS  
Address

552-6258  
Telephone  
17655-113  
License #

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work RES  
Number of Baths 2.5 Plumbing Cost \$ 8000.00

BAWES PLUMB. INC.  
Plumbing Contractor's Company Name  
PO BOX 12017 ANGLIER  
Address

639-0935  
Telephone  
P17735  
License #

[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential  Other  Not Required

INSULMINER INC. 1212 HOME CT RALEIGH  
Insulation Contractor's Company Name & Address  
772-9000  
Telephone

**Sprinkler System Information - Commercial**

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

Contact Person \_\_\_\_\_

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

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

**Fire Alarm System Information - Commercial**

Fire Alarm Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Person \_\_\_\_\_

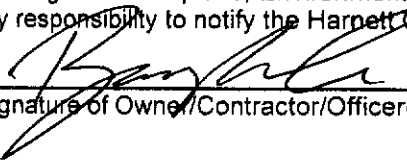
Address \_\_\_\_\_ License # \_\_\_\_\_

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

1-25-04  
\_\_\_\_\_  
Date

Application # \_\_\_\_\_

### 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: Brady Rest. Inc.

Sign/Title: Owner Brady Rest. Inc.

Date: 1-25-07 Brady Rest. Inc.

BRADLEY BUILD

Plan Box Number AA-9

Job Name Tom

Date: 1-25-07

Required Inspections for SFA/SFD

Appl. # 07 50016542

Valuation \$ 103,363

Sq. Feet 1594

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