

* 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 # 0750016546

Owner's Name: Tom Developer's, Inc

Date: 1-24-07

Address: 466 STANCL RD ANGLER NC

Phone: 639-2073

Directions to job site from Lillington: 210 E left on James Morris Rd

Subdivision: Autumn Pointe Lot: 5

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 2000 Crawl Space
Unheated SF 900 Slab

General Contractor Information

Building Construction Cost \$ 150,000.00
Acres Disturbed 0.06 Stories 1.5

Bradley Built, Inc.
Building Contractor's Company Name

919 639 2073
Telephone

466 STANCL RD ANGLER
Address

54519
License #

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

Description of Work RES.
TS Pole: Yes No Underground Overhead

Electrical Permit Information

Electrical Cost \$ 4000.00
Permanent Service: Underground Overhead Service Size: 200 Amps

STANCL & OLVEN ELEC.
Electrical Contractor's Company Name

919-639-2073
Telephone

466 STANCL RD ANGLER
Address

13075-L
License #

Brandy L. Stens
Signature of Officer(s) of Corporation

Description of Work RES
Number of Units 2 Type System 13 SER

Mechanical Permit Information

Mechanical Cost \$ 6000.00

J.C.'S HEATING & A/C
Mechanical Contractor's Company Name

552-6258
Telephone

539 WADE-STEPHENSON RD 170LLY SPRINGS
Address

17655-173
License #

[Signature]
Signature of Officer(s) of Corporation

Description of Work TRES
Number of Baths 2.5

Plumbing Permit Information

Plumbing Cost \$ 8000.00

BARNES PLUMB. INC.
Plumbing Contractor's Company Name

639-0935
Telephone

Po Box 1207 ANGLER
Address

P17735
License #

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information Residential Other Not Required

INSULATING INC. 1212 HOME CT RALEGH
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 _____

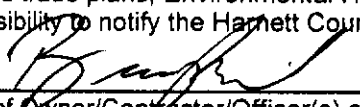
Address _____ License # _____

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

1-25-07

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: Bradley Built, Inc.

Sign/Title: Pres

Date: 1-25-07

Plan Box Number AA 9

Job Name BRADLEY Built

Date: 1-26-07

Required Inspections for SFA/SFD

Appl. # 07-5-16546

Valuation 136 440

Sq. Feet 2100

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		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		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit