\* 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 Date: 2/9/07 Owner's Name: Biltwell Phone: 919 662-1010 Address: 15 OVERBY UT Directions to job site from Lillington: BR 1429) Loton left # 8 Corner of Deuterfield Loverby 5D on Subdivision: Building Use: (Please Check) Construction Type: (Please Check) \_ Moved House ✓ Residential Commercial New Modular Multi-Family \_\_ Renovation \_\_ Addition Other Total Project Cost: 150,080.00 Description of Proposed Work: Build Singlefamile **General Contractor Information** Heated SF Crawl Space (4) Building Construction Cost \$\_ Acres Disturbed \_\_.396 Stories Unheated SF \_Slab() Riltwel Homes Inc. Telephone **Building Contractor's Company Name** Garner Address Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp Description of Work New Home Residential Wife Electrical Cost \$ 3500. Overhead () (1 Phase 120-240 volts) TS Pole: Yes (V No () Underground () Service Size: 200 Overhead () Permanent Service: Underground () ook's Electric of NC Inc. Electrical Contractor's Company Name Address Signature of Officer(s) of Corporation Mechanical Permit Information
Tristale Michanical HVAC - New Home Residentia Type System <u>Flechric</u> Mechanical Cost \$ 5000. Number of Units Mechanical Contractor's Comparty Name Address Sonature of Officer(s) of Corporation Plumbing Permit Information Description of Work Instella moing- new Home RES Plumbing Cost \$ Number of Baths Telephone Plumbing Contractor's Company Name Address MHUMA nature of Officer(s) of Corporation Insulation Permit Information Residential ( Other () Not Required () Telephone Insulation Contractor's Company Name & Address

Application	#
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Commercial Job Sprinkler	s must fill out this portion System Information	
Sprinkler Contractor's Company Name	Contact & Telephone	<del></del>
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 Tra	unsportation Driveway Access/Permit? Yes	No
Homeowners Apply	ing to Build Their Own Home	
Please answer the following questions then see a Permit T	echnician to determine if you qualify for permit under Own	
Questionnaire per G.S. 87-14 Regulations as		
1. Do you own the land on which this bui	Iding will be constructed? yes	no
2. Have you hired or intend to hire an income the project?	dividual to superintend and manage cor	nstruction of no
3. Do you intend to directly control & sup	pervise construction activities? yes	no
4. Do you intend to schedule, contract, o be done?	or directly pay for all phases of construction yes	etion work to
5. Do you intend to personally occupy the following completion of construction and creates the presumption under law that y	do you understand that if you do not do	nonths o so, it no
Sign & date		
I hereby certify that I have the authority to make and that the construction will conform to the remarkable Mechanical codes, and the Harnett County Zon contractors is correct as known to me and if any building and trade plans, Environmental Health pmy responsibility to notify the Harnett County Certification.	regulations in the Building, Electrical, Plumbling Ordinance. I state the information on the changes occur including listed contractors, sincermit changes or proposed use changes, I ce	ing and above te plan, rtify it is
Signature of Owner/Contractor/Officer(s) of Corp	oration Date	<del></del>

Ap	plication	#
- 1	P 4 -	

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

The undersigned	applicant for Building Permit #	being the:
<u> </u>	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) h in the permit:	or corporation(s) performing
	Has/have three (3) or more employees and has/have of compensation insurance to cover them.	otained workers'
<del></del>	Has/have one (1) or more subcontractors(s) and has/ha compensation insurance to cover them.	ve obtained workers'
	Has/have one (1) or more subcontractors(s) who has/haworkers' compensation insurance covering themselves.	ave their own policy of
	Has/have not more than two (2) employees and no sub-	contractors.
Department iss insurance prior	In the project for which this permit is sought it is understood uing the permit may require certificates of coverage to issuance of the permit and at any time during the percon carrying out the work.	e of worker's compensation
Firm Name:	interest Homes Inc.	
Sign/Title:	Liver / PRESIDENT	
Date:	2/9/07	

Plan Box Number A - 3

Job Name BILT WELL Homes

Date: 2-12-07

Required Inspections for SFA/SFD

Appl. # 07500 16572 Valuation # 153,594 Sq. Feet 2364

## Sequence

R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Bldg. Slab Insp. R* Bldg. Slab Insp. R* Bldg. Slab Insp.
R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp.
Address Confirmation 30-999 Open Floor R* Bldg. Slab Insp.
Address Confirmation 30-999 Open Floor R* Bldg. Slab Insp.
30-999 Open Floor 30-999 R* Bldg. Slab Insp.
R* Bldg. Slab Insp.
D# El II. J., Clab
30-999 R*Plumb. Under Slab
Four Trade Rough In
40 · Four Trade Rough In> 2500
40 Three Trade Rough In
Three Trade Rough In> 2500
Two Trade Rough In
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
ent T 1 Pinal
The Transfer 2500
T T 1 F' -1
T T 1. Final > 2500
O T 1 F'1 > 2500
E in Operations Domnit
999 Envir. Operations Permit