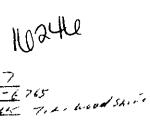
Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759



Application for B	Date: 1-25-67 Date: 1-25-67 Phone: 510 984-6		
Owner's Name: Name: Name: Manage Change In 18 18 18 18 18 18 18 18 18 18 18 18 18	Phone: 3/4 984 -6		
Address: 636 G+18814 RU LIII	The Lement Block		
Directions to tou site. The fall and the second			
7. P. Somore 107 187 en			
a substance of delice	Lot:		
Subdivision: 1200 d Shire	Building Use: (Please Check)		
Construction Type: (Please Check)	Residential		
New	Modular		
Renovation	Commercial		
Addition	Multi-Family		
Moved House	The second second		
Other Description of Proposed Work: 12 C w 4	lone		
Total Project Cost: /80/200			
Total Project Cost			
Quilding	Permit information		
United CE 13.57 Crowl Space / V	Building Construction Cost \$ 186,666		
Habastad CE Slob ()	Acres Disturbed 235 Stories 2		
Unitedied or Sidd ()	C/1 984 6765		
Building Contractor's Company Name Cle Gentifican RD Anthony Medical Actions	Building Construction Cost \$ 186,000 Acres Disturbed _035 Stories 2		
670 Confidence & Company Marie	2846 14856		
Address	license #		
Denies ()	Elogitos H		
Signature of Officer(s) of Corporation			
Signature of Officer(s) of Corporation			
Plantinal	Damula Information		
	Permit Information Electrical Cost \$		
Description of Work			
TS Pole: Yes (-) No () Underground (+)	Overneard () Amos		
Permanent Service: Underground () Overne	ead () Service Size: 200 Amps		
I'm pape steet	9/0 850 365.5 Telephone		
Electrical Contractor's Company Name	1 elephone		
3483 Cameren VIIVE			
Address	License #		
Signature of Officer(s) of Corporation	_		
Signature of Officer(s) of Corporation			
<u> </u>	ıl Permit Information		
Description of Work	Mechanical Cost \$		
Number of Units Type System _	8/0 424- 7702		
Jones + Jones	Telephone		
Mechanical Contractor's Company Name	28748 H243 11614		
52/7 marraccoor Hope mil's ne	License #		
Address Letter James	License #		
Liller gover			
Signature of Officer(s) of Corporation			
Plumbing Permit Information			
Description of Work			
Number of Baths	910 471 - 2 4U1		
Richard Allen Collahan	Talanhone		
Plumbing Contractor's Company Name	48318 P1-26497		
318 VONNASTA STAFFORS	Telephone 28348		
Address			
City of Compression			
Signature of Officer(s) of Corporation			
lancitation	Permit Information		
	1 Atting hitesiapsay		
Residential (-) Other () Not Required ()			
Blown RITE	Address Telephone		
Insulation Contractor's Company Name			
	Page 1 of 3 12/0		

Sprinkler System Information

Sprinkler Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation Fire	Alarm System Information
Fire Alarm Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation	Driveway Access
NC Department of Transportation Drivew	ay Access/Permit? Yes No
correct and that the construction will Plumbing and Mechanical codes, and information on the above contractors including listed contractors, site plan, but the contractors is plan, but the contractors is plan, but the contractors is plan.	to make necessary application, that the application is conform to the regulations in the Building, Electrical, the Harnett County Zoning Ordinance. I state the s correct as known to me and if any changes occur building and trade plans, Environmental Health permit ertify it is my responsibility to notify the Harnett County changes.
Signature of Owner/Contractor/Officer(s)	

12/04

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

The	undersigned applicant for Building Permit # being the:
Jerry 14	Contractor
Do perf	hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) forming 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.
Per con	ile working on the project for which this permit is sought it is understood that the Central mitting Department issuing the permit may require certificates of coverage of worker's appensation insurance prior to issuance of the permit and at any time during the permitted work any person, firm or corporation carrying out the work.
Firr	m Name: LIBCO CONST ILC
By/	Title: Kenneth Camacing V-P
	1-25-67

Plan Box Number B-1	
	_

Job Name KENNETH

Date: 1-29-07

Required Inspections for SFA/SFD

/6587
Appl. # 06 500 16246
Valuation # 192,187
Sq. Feet 2958

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
	•