

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: 09-5001595
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
09-50010595
Application for Building and Trade Permit

Owner's Name: Dale City Homes Date: 11-9-06
Address: P.O. Box 6127 Raleigh NC 27628 Phone: 919-833-5526
Directions to job site from Lillington: 401 N. - Rt on Ballard Rd
Right into Ballard Woods - Joseph Alexander
Subdivision: Ballard Woods Lot: _____

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

Total Project Cost: \$200,000 Description of Proposed Work: _____

Heated SF 2400 Crawl Space Building Construction Cost \$ 180,000
Unheated SF 400 Slab () Acres Disturbed .6 Stories 2

Dale City Homes Telephone 919-833-5526
Building Contractor's Company Name Address License #
P.O. Box 6127 Raleigh NC 27628 53423

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

Electrical Permit Information
Description of Work Electrical Installation Electrical Cost \$ _____

TS Pole: Yes No () Underground () Overhead ()
Permanent Service: Underground Overhead () Service Size: 200 Amps
CHOICE ELECTRICAL SERVICE Telephone (919) 634-0483

Electrical Contractor's Company Name Address License #
12 Brookneal Circle Angier, N.C. 27501 22934-L

Signature of Officer(s) of Corporation

Mechanical Permit Information

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

Servicians Heating + Cooling Telephone (910) 897-5017
Mechanical Contractor's Company Name Address License #
22 Hickory Tree Lane Angier, NC 27501 19342

Signature of Officer(s) of Corporation

Plumbing Permit Information

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

Wagner Plumbing, Inc. Telephone (910) 893-3050
Plumbing Contractor's Company Name Address License #
P.O. Box 494 Manners, NC 27552 07674

Signature of Officer(s) of Corporation

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

All Pro Insulation Telephone _____
Insulation Contractor's Company Name & Address

entered
2-21-07
april

see attached



Application # 07-50016595

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

The undersigned applicant for Building Permit # 07-5001595 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: Duke City Homes

Sign/Title: [Signature]

Date: 1/10/07

Application # 07-50016595

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.

Noel M. Anderson
Signature of Owner/Contractor/Officer(s) of Corporation

Date

Change of Contractor

Application # 0750016595

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 Fax 910-893-2793
www.harnett.org
Certification of Work Performed By Owner/Contractor

Owner (s) of Structure: _____ Phone: _____

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN or Parcel #: _____

Job Cost: _____ Description of Work to be done _____

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___

Electrical: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:

Subdivision: Ballard Woods Lot #: 81

I TASK Electric have provided or will provide the Electric labor
(Contractors Name) (Trade)

on this structure. I am the building owner or hold a NC state Electrical license
(Trade)

number 14406-U, which entitles me to perform such work on the above structure legally. All

work shall comply with the State Building Code and all other applicable State and local laws,
ordinances and regulations.

Structure owner(s) signature: Mitchell Penn Date: 5-23-07

Company Name: TASK Electric LLC Phone: 919-981-5770

Address: 4200 ATLANTIC AVE. SUITE 177

County: WAKE Contractor's License #: 14406-U

Contractor's Signature: Mitchell Penn Date: 5-23-07

*Company name, address, & phone must match information on license.

Plan Box Number G-1

Job Name OAK CITY

Date: 2-22-07

Required Inspections for SFA/SFD

Appl. # 0750016595
Valuation \$223,309
Sq. Feet 3437

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 type="checkbox"/>	Four Trade Rough In
40	<input checked="" 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 type="checkbox"/>	Four Trade Final
60	<input checked="" 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