

* 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 # 0750016645

Owner's Name: Tom Developers, Inc. Date: 1-24-07
Address: 466 STANL RD ANGLIER NC Phone: 639-2073

Directions to job site from Lillington: 210 E. LEFT on James Norris Rd.

Subdivision: Automa Pointe Lot: 9

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 0 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
466 STANL RD ANGLIER Address
Bradley L. L... Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp
Telephone 919 639 2073
License # 54519

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

STANL & OLLEN ELEC.
Electrical Contractor's Company Name
466 STANL RD ANGLIER Address
Bradley L. L... Signature of Officer(s) of Corporation
Telephone 919-639-2073
License # 13075-L

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

J.C.'S HEATING & AC
Mechanical Contractor's Company Name
539 WADE-STEPHENSON RD HOLLY SPRINGS Address
552-6258 Telephone

17655-173 License #
... Signature of Officer(s) of Corporation

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

BARNES PLUMB. INC.
Plumbing Contractor's Company Name
PO BOX 1207 ANGLIER Address
639-0935 Telephone

... Signature of Officer(s) of Corporation
License # P17735

Insulation Permit Information Residential () Other () Not Required ()
INSULATION INC. Insulation Contractor's Company Name & Address
1212 HOME CT RALEIGH
Telephone 772-9000

Application # _____

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

Date 1-25-07

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: Randy B. H. Co.
Sign/Title: [Signature]
Date: 12507

Plan Box Number AA 9

Job Name Bradley Built

Date: 1-26-07

Required Inspections for SFA/SFD

Appl. # 07-5-16645

Valuation 129 033

Sq. Feet 1986

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