\* Each section below to be filled out by whomever performing work. Must be owner or ticensed contractor. Address, company name & phone must match information on license.

Application # 07.50016654

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit Developer Date: <u>7</u>-22-08 Owner's Name: Phone: Address: Directions to job site from Lillington: Norris Pointe Lot: Subdivision: Building Use: (Please Check) Construction Type: (Please Check) \_\_ Commercial X Residential Moved House X New \_\_ Other Modular Multi-Family Renovation \_\_\_ Addition Total Project Cost: 100000 Description of Proposed Work: SFD **General Contractor Information** Heated SF 1 <u>মুর এ</u> Crawl Space (১४ **Building Construction Cost \$** Stories i Unheated SF 352 Slab () Acres Disturbed 919-1039-3012 Raynor Builders, Inc. Building Contractor's Company Name 360 N. Raleiah St Address Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp **Electrical Permit Information** Electrical Cost \$ Description of Work TS Pole: Yes (X) No () Underground () Overhead () Service Size: Permanent Service: Underground () Overhead () Stancils Owen Electrical Telephone Electrical Contractor's Company Name 466 Stancil Address san Miller Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work Mechanical Cost \$ Type System **Number of Units** 919.557.3053 10's Heating Air Telephone Mechanical Contractor's Company Name Address Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work Plumbing Cost \$ Number of Baths 919.639.3401 Plumbing, Inc Telephone Plumbing Contractor's Company Name PO BOX 207 Address Signature of Officer(s) of Corporation Insulation Permit Information Residential (i) Other (i) Not Required (i) garner, NC INSULATING Telephone Insulation Contractor's Company Name & Address

Application	#		
1.1	-	 	

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

The undersign	ned applicant for Building Permit #	being the:
	General Contractor Owner	
	Officer/Agent of the Contractor or Owner	
	nfirm under penalties of perjury that the person(s), orth in the permit:	, firm(s) or corporation(s) performing
	Has/have three (3) or more employees and has/ compensation insurance to cover them.	have obtained workers'
	Has/have one (1) or more subcontractors(s) and compensation insurance to cover them.	has/have obtained workers'
	Has/have one (1) or more subcontractors(s) who workers' compensation insurance covering them	
	Has/have not more than two (2) employees and	no subcontractors.
Department is insurance prior	on the project for which this permit is sought it is ur ssuing the permit may require certificates of co r to issuance of the permit and at any time during t tion carrying out the work.	overage of worker's compensation
Firm Name:	Raynor Builders, Inc.	
Sign/Title:	m	
Data:		

Plan Box Number	FILE	Job Name BAYNOR	٠.
		Date: 7-22-08	
•	•	,	`
Required Inspections for SFA/SFD		(07500 16654) Appl. # 08500 16654	/
		Appl. # 0850016654	
	· /-	Valuation # 100, 835	
Sequence		Sq. Feet 1552	
10	R* Bldg. Fo	oting	
10-30		mp Service Pole	
20	R* Building	Foundation	
20	Address Con	afirmation	
30-999	Open Floor		
30-999 30-999	R* Bldg. Sla		
30-999	R* Elec. Und		
40	R*Plumb. Ur		
40	Four Trade R		
40	rour I rade R	ough In> 2500	
40	Three Trade F	Rough In	
40	Two Trade R	lough In> 2500	
40	Two Trade Ro		
40	Two Trade Ro	ugn In> 2500	
40	One Trade Ro		
50	R* Insulation	ign m > 2500	
60	Four Trade Fin	al	
6 <b>0</b>	Four Trade Fin		
60	Three Trade Fire		
60	Three Trade Fir		
60	Two Trade Fina		
60	Two Trade Fina		
60	One Trade Final		
60	One Trade Final	> 2500	
999	Envir. Operation		