

* 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 # _____
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit

Owner's Name: Nashco Inc Date: 2-17-07

Address: PO Box 655 Holly Springs NC 27540 Phone: 919-524-2915

Directions to job site from Lillington: Take 401 N to Ballard Rd. From Lillington Take Right onto Ballard Rd. Take 1st Right into Ballard Woods subdivision

Subdivision: Ballard Woods Lot: 64

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

Total Project Cost: 175,000 Description of Proposed Work: New Single Family

General Contractor Information

Heated SF 2207 Crawl Space () Building Construction Cost \$ 145,000
Unheated SF 396 Slab () Acres Disturbed 1/3 Acre Stories 1 1/2

Hampton Custom Builders Inc Telephone 919-524-2915

Building Contractor's Company Name PO Box 655 Holly Springs NC 27540 Telephone 57196
Address _____ License # _____

Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work New single family Electrical Cost \$ 70,000
TS Pole: Yes () No () Underground () Overhead ()

Permanent Service: Underground () Overhead () Service Size: 200 Amps
Eagle Electrical Services Telephone 910-980-3760

Electrical Contractor's Company Name 623 Sherrill Bassett Rd Telephone 18800-2
Address Durham N.C. 28334 License # _____

Signature of Officer(s) of Corporation Edward A. Moore

Mechanical Permit Information

Description of Work New construction HVAC Mechanical Cost \$ 10,000
Number of Units 2 Type System Electric

Air Control Heat 910 980 1209 Telephone 21319
Mechanical Contractor's Company Name 623 Sherrill Bassett Rd Bedwin License # _____
Address _____

Signature of Officer(s) of Corporation Albert S Clark

Plumbing Permit Information

Description of Work New Single Family Plumbing Cost \$ 10,000
Number of Baths 2.5

Wagner Plumbing Telephone 07674
Plumbing Contractor's Company Name Box 484 Mendenhall NC License # _____
Address _____

Signature of Officer(s) of Corporation Roy Wagner

Insulation Permit Information

Residential () Other () Not Required ()
Insulation Inc Address Raleigh NC Telephone _____

Insulation Contractor's Company Name _____ Telephone _____

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 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 Division of any and all changes.



Signature of Owner/Contractor/Officer(s) of Corporation

2-17-07

Date

**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: Hampton Custom Builders Inc

Sign/Title: [Signature], President

Date: 2-19-07

Plan Box Number AA-10

Job Name HampTON

Date: 1-23-07

Required Inspections for SFA/SFD

Appl. # 07 500 166 86

Valuation # 204,726

Sq. Feet 3151

Sequence

10	<u> </u>	R* Bldg. Footing
10-30	<u> </u>	R* Elec. Temp Service Pole
20	<u> </u>	R* Building Foundation
20	<u> </u>	Address Confirmation
30-999	<u> </u>	Open Floor
30-999	<u> </u>	R* Bldg. Slab Insp.
30-999	<u> </u>	R* Elec. Under Slab
30-999	<u> </u>	R*Plumb. Under Slab
40	<u> </u>	Four Trade Rough In
40	<u> </u>	Four Trade Rough In > 2500
40	<u> </u>	Three Trade Rough In
40	<u> </u>	Three Trade Rough In > 2500
40	<u> </u>	Two Trade Rough In
40	<u> </u>	Two Trade Rough In > 2500
40	<u> </u>	One Trade Rough In
40	<u> </u>	One Trade Rough In > 2500
50	<u> </u>	R* Insulation
60	<u> </u>	Four Trade Final
60	<u> </u>	Four Trade Final > 2500
60	<u> </u>	Three Trade Final
60	<u> </u>	Three Trade Final > 2500
60	<u> </u>	Two Trade Final
60	<u> </u>	Two Trade Final > 2500
60	<u> </u>	One Trade Final
60	<u> </u>	One Trade Final > 2500
999	<u> </u>	Envir. Operations Permit

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HARNETT COUNTY PUBLIC UTILITIES
CUSTOMER SERVICE APPLICATION

USER ID JBROCK

NAME HAMPTON CUSTOM BUILDERS INC ,
ADDRESS PO BOX 655
HOLLY SPRINGS NC 27540

CUSTOMER ID 103947
OLD ACCOUNT NUMBER

EXEMPT TAX NO PENALTY NO
CASH ONLY NO

SERVICE ADDRESS 818 RUTH CIR
CYCLE/ROUTE 06 04
LOCATION ID 83988
08

INITIATION DATE 2/28/07
JURISDICTION HARNETT COUNTY
INSIDE UNITS 1.00
SOCIAL SECURITY NUMBER
DOING BUSINESS AS
ALT CUSTOMER ID 2
CLASS RESIDENTIAL
SECTION NORTHWEST
DRIVERS LIC NUMBER

WATER METERED METERED RATE
METER NUMBER BW3061 UNITS 1.00

SERVICE ORDERS

146734 TO TURN ON

WA REQUEST DATE 2/28/07