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

Application for Buildir	<u>ig and Trade Pern</u>	<u>olt</u>	
C CL C .cocy too	Da	ate: 1-24.07_	
	2 2 G DI	name tra corr	4345
Dissertions to job eite from Lillington: 6/W/ (16)	on particula	Ch. Rd · /(T)	<u>o</u> u
Hoover Rd. / TD on Wellstone f	~i .		_
Subdivision: Persimmon Hill	Lo	ot:	_
	Use: (Please Che		
New Moved House Resigned Model	idential lular	_Commercial _Multi-Family	
Total Project Cost:Description of Proposed General Contrac	l Work:		
General Contract General Contract General Contract Building	Construction Cos	18 103,000	-
Heated SF 636 Slab (4) General Contract Building Acres D	Disturbed	Stories 	-
Compherland Homes	910 - 81	92-4345	_
Building Contractor's Company Name	Telephone	59490	
Po Box 727 Dun NC 28335		License	#
Address			
Signature of Owner/Contractor/Officer(s) of Corporation	- Must sign back of for	m & workers comp	
	it information		
Description of Work New Overhe	_Electrical Cost \$ _	·	-
	ero () Service Size:	2 <i>00</i> Amps	
permanent Service. Onderground W	919-499	- 5389	
Wester & Pace Electrical Contractor's Company Name	Service Size:		
546 Leslie Dr. Sanford, NC		1200 - 16	<u> </u>
Address		License	#
William Waster			
Signature of Officer(s) of Corporation	—it information		
Description of Work New Type System Heat for	mit imormation		_
Number of Units Type System Heat Po	mρ Mechani	cal Cost \$	_
Jacksons Heating + Air	410. 8	11-5410	_
Mechanical Contractor's Company Name	Telephone		
Po Box B2 Benson, NC		<u>23670</u> License	#
Address		Liceitse	17
- Vand Jackson			
Signature of Officer(s) of Corporation Plumbing Parn	olt Information		
Description of Work New			_
Number of Baths	Plumbing Cost \$_		_
Glover Contract Plumbing	910-892 Telephone	^ 1612	_
Plumbing Contractor's Company Name	Telephone	23160	
PO Box 726 Couts, NC		License	#
Address			
Signature of Officer(s) of Corporation		> 41-4 m = ==d=== 4 / \	
Insulation Permit Information Resid	ential () Other () Not Required () 910_ <i>486</i> -	. ROCC
TRI CITY Insulation 41B Person	St. Fay. NC	Telephone	<u> </u>
Insulation Contractor's Company Name & Address	•	I O'Ob' io'	

	Application #			
Sprinkler System Information - Commercial				
Sprinkler Contractor's Company Name	Telephone			
Contact Person				
Address	License #			
Signature of Officer(s) of Corporation Fire Alarm S	ystem 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			
and that the construction will conform to the Mechanical codes, and the Harnett County contractors is correct as known to me and if building and trade plans. Environmental Heal	hake necessary application, that the application is correct the regulations in the Building, Electrical, Plumbing and Zoning Ordinance. I state the information on the above any changes occur including listed contractors, site plan, Ith permit changes or proposed use changes, I certify it is Central Permitting Department of any and all changes.			
D-176-	1-24-07			
Signature of Owner/Contractor/Officer(s) of C	Corporation Date			

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

The undersigne	d applicant for Building Permit # being the.
	Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby corperforming the	nfirm under penalties of perjury that the person(s), firm(s) or corporation(s) 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.
Permitting Dep compensation is	on the project for which this permit is sought it is understood that the Central partment issuing the permit may require certificates of coverage of worker's insurance prior to issuance of the permit and at any time during the permitted working firm or corporation carrying out the work.
Firm Name:	Crattomer Costulin
By/Title:	Marria
Data:	1-24-07

Plan Box Number AA-2

Job Name DANHY NORRIS

Date: 1 - 15 - 07

Required Inspections for SFA/SFD

Appl. # 07500 166 98 Valuation #200, 763 Sq. Feet 3090

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

HARNETT COUNTY PUBLIC UTILITIES
CUSTOMER SERVICE APPLICATION
USER ID ADRIGGER

NAME CRAFTSMEN CONSTRUCTION CO CUSTOMER ID 72695 OLD ACCOUNT NUMBER ADDRESS PO BOX 727

NC 28335 DUNN

EXEMPT TAX NO PENALTY NO

CASH ONLY NO

SERVICE ADDRESS CYCLE/ROUTE 07 07 LOCATION ID 85892 195 OLD CORRAL AVE 03

INITIATION DATE 3/16/07

HARNETT COUNTY CLASS RESIDENTIAL UNITS 1.00 SECTION SOUTHWEST UMBER DRIVERS LIC NUMBER JURISDICTION HARNETT COUNTY INSIDE

SOCIAL SECURITY NUMBER

DOING BUSINESS AS ALT CUSTOMER ID 2

> WATER METERED METERED RATE

METER NUMBER PEROO1 UNITS 1.00

SERVICE ORDERS

147942 TO TURN ON WA REQUEST DATE 3/16/07

MISC. INFORMATION

WORK PHONE 9108924345