

16714

**Application for Building and Trade Permit**

Owner's Name: EVANS FINE HOMES INC Date: 2/13/07  
Address: 201 MISTYWOOD DR. F-V Phone: 8552-1378  
Directions to job site: From Lillington, 401 N, LT CHRISTAIN LT RD  
LT OAKRIDGE DUNCAN RD, RT TWIN FIELDS DR, LOT ON LEFT

Subdivision: AUSTIN FARMS Lot: 12

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

Description of Proposed Work: NEW CONST.

Total Project Cost: \_\_\_\_\_

**Building Permit Information**

Heated SF 2100 Crawl Space   
Unheated SF \_\_\_\_\_ Slab  GARAGE  
EVANS FINE HOMES INC  
Building Contractor's Company Name  
201 MISTYWOOD DR.  
Address  
John Z Khan  
Signature of Officer(s) of Corporation  
Building Construction Cost \$ 140,000.00  
Acres Disturbed .5 Stories 1 1/2  
552-1378  
Telephone  
50565  
License #

**Electrical Permit Information**

Description of Work ALL Elec. Electrical Cost \$ 6200.00  
TS Pole: Yes  No  Underground  Overhead   
Permanent Service: Underground  Overhead  Service Size: 200 Amps  
ELECTRIC CONNECTION OF R.C. INC  
Electrical Contractor's Company Name  
769 Benny Rd Angier nc  
Address  
Keith Janita  
Signature of Officer(s) of Corporation  
919 701-0008  
Telephone  
18162-2  
License #

**Mechanical Permit Information**

Description of Work ALL HVAC  
Number of Units 2 Type System HP Mechanical Cost \$ 6000.00  
JERKINS HVAC  
Mechanical Contractor's Company Name  
Angier nc  
Address  
John Jensen  
Signature of Officer(s) of Corporation  
897-5217  
Telephone  
19342  
License #

**Plumbing Permit Information**

Description of Work ALL PLUMBING  
Number of Baths 2 1/2 Plumbing Cost \$ 5500.00  
W.W. PLUMBING INC  
Plumbing Contractor's Company Name  
Angier nc  
Address  
Ricky Webb  
Signature of Officer(s) of Corporation  
639-0195  
Telephone  
14087  
License #

**Insulation Permit Information**

Residential  Other  Not Required   
THE CITY INSULATION INC FAYETTEVILLE NC 1-800-408-1012  
Insulation Contractor's Company Name Address 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 in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

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

2/13/07  
\_\_\_\_\_  
Date

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

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

- 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: EVANS FINE HOMES, INC

By/Title: Gary L. Evans, Pres.

Date: 2/13/07

Plan Box Number B-3

Job Name EVANS FINE HOMES

Date: 1-29-07

Required Inspections for SFA/SFD

Appl. # 0750016714

Valuation \$150,032

Sq. Feet 2220

3664  
REC  
NOT IN 9

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

2/20/07, 8:29:09

HARNETT COUNTY PUBLIC UTILITIES  
CUSTOMER SERVICE APPLICATION

USER ID JBROCK

NAME EVANS FINE HOMES INC  
ADDRESS 201 MISTYWOOD DR  
FUQUAY VARINA NC 27526

CUSTOMER ID 69313  
OLD ACCOUNT NUMBER

EXEMPT TAX NO PENALTY NO  
CASH ONLY NO

SERVICE ADDRESS 157 TWIN FIELDS DR  
CYCLE/ROUTE 06 52  
LOCATION ID 85472  
05

INITIATION DATE 2/20/07  
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 AUS013 UNITS 1.00

SERVICE ORDERS

145904 TO TURN ON

WA REQUEST DATE 2/20/07

MISC. INFORMATION

WORK PHONE 9195521378