

\* 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 # 07-500116757

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: TRIMARK DEVELOPMENT Date: 01/26/07

Address: PO Box 10648 RALEIGH NC. 27605 Phone: 601-5807

Directions to job site from Lillington: 401 TO 42 LEFT - 42 TO COKESBURY RD.

LEFT - 1 mile RT INTO SUB. LOT ON RIGHT

Subdivision: COKESBURY PARK Lot: 37

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

Total Project Cost: 100,000.00 Description of Proposed Work: NEW CONSTRUCTION

**Building Permit Information**

Heated SF 1309 Crawl Space  Building Construction Cost \$ 100,000.00  
Unheated SF 0 Slab ( ) Acres Disturbed .5 Stories 1

595 TRIMARK DEVELOPMENT 919-601-5807

Building Contractor's Company Name Telephone

PO Box 10648 RALEIGH NC. 27605 58265 56875

Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Electrical Permit Information**

Description of Work NEW Electrical Cost \$ 4500.00

TS Pole: Yes  No ( ) Underground ( ) Overhead ( )

Permanent Service: Underground ( ) Overhead ( ) Service Size: 200 Amps

COOKS ELECTRICAL OF N.C. INC 919-557-3460

Electrical Contractor's Company Name Telephone

P.O. 999 FURQUAY VARIAN, NC. 27526 18967-L

Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work NEW

Number of Units 1 Type System HEAT PUMP Mechanical Cost \$ 4500.00

BARCLEY ARNOLD

Mechanical Contractor's Company Name Telephone

122 PHILEMON DR. FURQUAY VARIAN 18460

Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work NEW

Number of Baths 2 Plumbing Cost \$ 4650

WARRICK PLUMBING 910 897-4722

Plumbing Contractor's Company Name Telephone

411 CRAWFORD RD. COATS, NC 27521 NC # 27930

Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Residential  Other ( ) Not Required ( )

TRIMARK INSULATION

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 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

\_\_\_\_\_  
Date

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

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

  *X*   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.

  *X*   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:   *TRIMARK Development*  

Sign/Title:   *Joseph S. [Signature]*  

Date:   *01/26/07*

Plan Box Number D-3

Job Name TRIMARK DEVELOP

Date: 1-30-07

Required Inspections for SFA/SFD

Appl. # 0750016727  
Valuation ~~#231,884~~ #123,707  
Sq. Feet ~~3519~~ 1904

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		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<u>✓</u>	Four Trade Rough In
40	<u>✓</u>	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	<u>✓</u>	R* Insulation
60	<u>✓</u>	Four Trade Final
60	<u>✓</u>	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	<u>✓</u>	Envir. Operations Permit

QTY = 10

TRUSK DEVELOPMENT, INC

160034-4

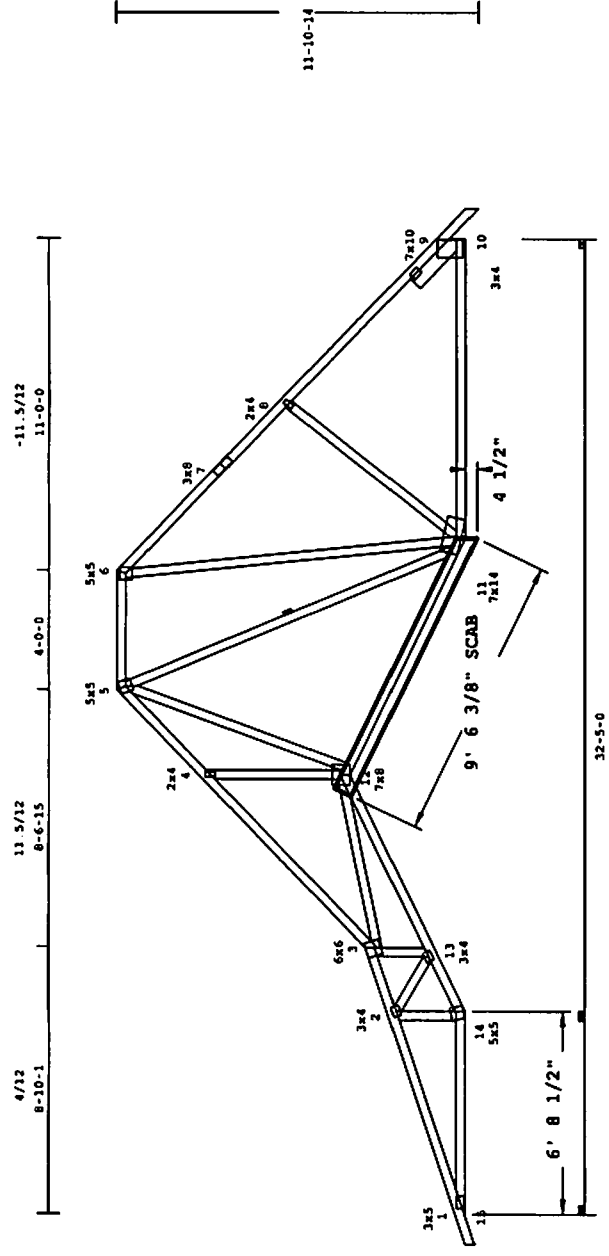
SPC R-3

HB 0-3-15

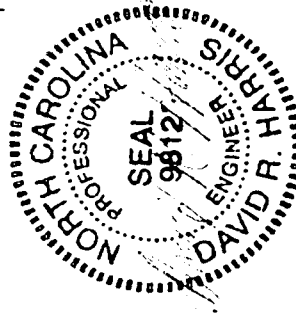
34-CORROSION-RES-11-6-13-81224

HM 0-13-7

MEMBER	QTY	CSI	ANALYSIS	MEMBER	QTY	CSI	ANALYSIS
1-2	0.43	909F	11-10	0.74	1727F	11-10	0.74
2-3	0.57	1121F	11-10	0.74	1727F	11-10	0.74
3-4	0.48	1721C	11-10	0.74	1727F	11-10	0.74
4-5	0.21	1695C	11-10	0.74	1727F	11-10	0.74
5-6	0.21	1695C	11-10	0.74	1727F	11-10	0.74
6-7	0.24	810C	11-10	0.74	1727F	11-10	0.74
7-8	0.27	1000C	11-10	0.74	1727F	11-10	0.74
8-9	0.17	1140C	11-10	0.74	1727F	11-10	0.74
9-10	0.17	1140C	11-10	0.74	1727F	11-10	0.74
10-11	0.33	834C	11-10	0.74	1727F	11-10	0.74
11-12	0.30	928C	11-10	0.74	1727F	11-10	0.74
12-13	0.30	1124C	11-10	0.74	1727F	11-10	0.74



CUSTOMER NEEDS TO DROP HEIGHT OF RIGHT SLOPED BOTTOM CHORD AS INDICATED ABOVE.  
SCAB 2X8 #2 SPF TO ONE SIDE OF BOTTOM CHORD WITH 0.131" X 3"  
NAILS AT 3" O.C.



Mar. 28, 2007

Engineer's seal for repair only.  
See original truss design drawing  
for all additional information.  
Field conditions have not been  
verified by this engineer.

**LUMBER EXCEPTIONS:**

MEMBER	EXCEPTION	TYPE	WSPR
1-2	Lead = 1.15	SP #2	1250
3-4	Lead = 1.15	SP #2	1250
5-6	Lead = 1.15	SP #2	1250
7-8	Lead = 1.15	SP #2	1250
9-10	Lead = 1.15	SP #2	1250
11-12	Lead = 1.15	SP #2	1250

**REACT-H REACT-V TYPE WSPR**

JT	REACT-H	REACT-V	TYPE	WSPR
1	0	1711	P	3.50
2	0	1711	P	3.50
3	0	1711	P	3.50
4	0	1711	P	3.50
5	0	1711	P	3.50
6	0	1711	P	3.50
7	0	1711	P	3.50
8	0	1711	P	3.50
9	0	1711	P	3.50
10	0	1711	P	3.50
11	0	1711	P	3.50
12	0	1711	P	3.50

This design is the composite result of multiple load cases.

**RESULTS:**

IN./RATIO	TL	IN./RATIO	JT	IN./RATIO	MA
0-1-12	1.2	176	262	163	B
1-12	1.2	176	262	163	B
2-3	1.4	177	262	163	B
3-4	1.2	177	262	163	B
4-5	1.2	177	262	163	B
5-6	1.2	177	262	163	B
6-7	1.2	177	262	163	B
7-8	1.2	177	262	163	B
8-9	1.2	177	262	163	B
9-10	1.2	177	262	163	B
10-11	1.2	177	262	163	B
11-12	1.2	177	262	163	B

**TESTED PER ANSI/APT-1**

2x4 Cont lat brace(s). Attach w/2-3"x 0.120" nails to either edge of web(s) shown. Braces must be positioned to provide equal segments with 3"x 0.120" nails spaced @ 6" o.c. Braces must extend at least 90" of web length.

2x6 T-Brace required on any web over 14'-0".

Unbalanced load cases(s) have been checked.

MULTIPLE LOADCASES -- This design is the composite result of multiple loadcases.

**NOTES:**

1. Max. REACTIONS PER BEARING LOCATION ----

X-LOC	DIST	VERT	HORIZ	UPLIFT	Y	TYPE
0-1-12	1.2	176	262	163	B	IN
1-12	1.2	176	262	163	B	IN
2-3	1.4	177	262	163	B	IN
3-4	1.2	177	262	163	B	IN
4-5	1.2	177	262	163	B	IN
5-6	1.2	177	262	163	B	IN
6-7	1.2	177	262	163	B	IN
7-8	1.2	177	262	163	B	IN
8-9	1.2	177	262	163	B	IN
9-10	1.2	177	262	163	B	IN
10-11	1.2	177	262	163	B	IN
11-12	1.2	177	262	163	B	IN

2. PROVIDE UPLIFT CONNECTION PER SCHEDULE PROVIDE SUBSTITUTED CONNECTION WITH 30MM DIA BEARING PLATE. PROVIDE 3/4" DIA W/2-3"x 0.120" NAILS TO EITHER EDGE OF WEB(S) SHOWN. BRACES MUST EXTEND AT LEAST 90" OF WEB LENGTH.

3. IF BOTTOM CHORD PITCH IS LESS THAN 2:12, BOTTOM CHORD HAS BEEN LOADED WITH 10 psf LIVE LOAD APPLIED NON-CONCURRENTLY.

4. WOODED PER ACE 7-02, METRES/CAC, Vw 100mph, Hw 35.0 ft, Iw 1.00, Exp.Cat. B, Kite 1.0.

5. ALL TYPES ENCL Lr 32.4 ft, W 35.4 ft, Truss Bracing Subtable 6.0 psf.

6. WAB BRACE PT JOINT TO JOINT.

7. BRACING SHOWN IS FOR VISUAL PURPOSES ONLY.

8. MULTIPLE LOADCASES -- This design is the composite result of multiple loadcases.

**NOTES CONTINUED:**

9. THIS DESIGN IS THE COMPOSITE RESULT OF MULTIPLE BEARING CASES.

10. IN-PLANT QUALITY ASSURANCE WITH QP-1

11. IN-PLANT QUALITY ASSURANCE PER SEC. 3.2.2 OF TPI-1-02. FOR JOINT(S):

BEARING CASE	X-LOC	Y-LOC	REACT-H	REACT-V
1	0	1-12	0-0-0	0 1711
2	1	1-12	0-0-0	0 1711
3	2	1-12	0-0-0	0 1711
4	3	1-12	0-0-0	0 1711
5	4	1-12	0-0-0	0 1711
6	5	1-12	0-0-0	0 1711
7	6	1-12	0-0-0	0 1711
8	7	1-12	0-0-0	0 1711
9	8	1-12	0-0-0	0 1711
10	9	1-12	0-0-0	0 1711
11	10	1-12	0-0-0	0 1711
12	11	1-12	0-0-0	0 1711

12. ALL COMPRESSION CHORDS ARE ASSUMED TO BE CONTINUOUSLY BRACED UNLESS NOTED OTHERWISE.

13. THIS TRUSS IS DESIGNED TO BEAR ON MULTIPLE SUPPORTS. INTERIOR BEARING LOCATIONS SHOULD BE BRACED ON TRUSS. SHIM OR WEDGE IF NECESSARY TO ACHIEVE FULL BEARING.

**LUMBER SPECIFICATIONS**

MEMBER	SIZE	GRADE	FB*INC
T/C	2x 4	SP #2	1500
B/C	2x 4	SP #2	1500
WEB	2x 4	SP #3	850
REPETITIVE MEMBER STRESS = 1.15			

(SEE LUMBER EXCEPTIONS ABOVE)

**TRUSWOOD, INC.**

PO Box 90035 BALTIMORE MD 21275-0035  
 NC: 919-787-8787/800-473-8787  
 VA: 757-833-5300/800-868-8787  
 FAX 919-783-0617  
 FAX 757-833-5400

Design Criteria: TPI-

TC Live	20 PSF
TC Dead	10 PSF
BC Live	0 PSF
BC Dead	10 PSF
Total	40 PSF

DurFac-Lbr: = 1.15  
 DurFac-Plt: = 1.15  
 O.C. Spacing: 24.00"

MO: 160034-4  
 ID: SPC R-3 [103]  
 DATE: 1/23/2007  
 DESIGNER: JMF  
 REPAIR: R27075-1  
 Version ID: DBV5.1A.3  
 MO 4.7.3065-50662-

del-Mar. 28, 2007

2/26/07, 8:55:09

HARNETT COUNTY PUBLIC UTILITIES  
CUSTOMER SERVICE APPLICATION

USER ID ADRIGGER

NAME TRIMARK DEVELOPMENT  
ADDRESS PO BOX 10648  
RALEIGH

NC 27605

CUSTOMER ID 108865  
OLD ACCOUNT NUMBER

EXEMPT TAX NO PENALTY NO  
CASH ONLY NO

SERVICE ADDRESS  
256 COKESBURY PARK LN

CYCLE/ROUTE 06 56

LOCATION ID 82352  
05

INITIATION DATE 2/26/07  
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 CPR037 UNITS 1.00

SERVICE ORDERS

146323 TO TURN ON

WA REQUEST DATE 2/26/07

MISC. INFORMATION

EMPLOYER  
WORK PHONE

ATTN JOE FREEMAN  
9192355527