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* 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 #

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

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

Application for Building and Trade Permit Owner's Name: FRANK BOODE, JR Directions to job site from Lillington: HWY DONCHE JUNCTION Subdivision: Austral Construction Type: (Please Check) **Building Use:** (Please Check) _ Moved House ✓ New Residential Commercial Modular Addition Multi-Family Renovation Other Total Project Cost: 175,000 Description of Proposed Work: COUSTENT SF DWELLING **General Contractor Information** Heated SF2175 Crawl Space LY **Building Construction Cost \$** Stories 1/2 Unheated SP528 Slab () Acres Disturbed BOONE HOMES Building Contractor's Company Name 6432 LOWITTED RD. Address Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp **Electrical Permit Information** Electrical Cost \$ Description of Work NEW RESIDENCE TS Pole: Yes (*) No () Underground (*) Overhead () Permanent Service: Underground (Overhead () Service Size: CAUNA NEAL STARS ELECTRICAL SEAVICE Electrical Contractor's Company Name 4900 ALLHU BROOKE DR. RIKA, NC 27526 Address alem IVea Signature of Officer(s) of Corporation **Mechanical Permit Information** Description of Work 15 RESIDENCE
Number of Units 2 Type System ELECT H P Number of Units ___ Type System Mechanical Cost \$ 8000.00 J.C.'S HERTINGE AC Mechanical Contractor's Company Name 1539 WADE STEPHEDSON RD. Signature of Officer(s) of Corporation **Plumbing Permit Information** Description of Work MEW RESIDENCE Number of Baths 2 Plumbing Cost \$ RURAL PLBG & 833-9702 Plumbing Contractor's Company Name Telephone 701 E, SIX FORKS PX 27609 Address Signature of Officer(s) of Corporation Insulation Permit Information Residential (Other () Not Required () 1212 HOME G. RALEIGH, NC 27603 INSUCATING, INC. 772-9000 Insulation Contractor's Company Name & Address Telephone

	Application #			
Commercial Jobs must fill out this portion Sprinkler System Information				
N/a	Machine Market Control of the Contro			
Sprinkler Contractor's Company Name	Contact & Telephone			
Address	License #			
Signature of Officer(s) of Corporation Fire Alarm System Information				
N/A Fire Alarm Contractor's Company Name	Contact & Telephone	_		
Address	License #	minina.		
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit? Yes No				
Homeowners Apply Please answer the following questions then see a Permit T	ing to Build Their Own Home rechnician to determine if you qualify for permit under Own	ners Exemption.		
Questionnaire per G.S. 87-14 Regulations as	s to Issue of Building Permits (Memo available	le upon request)		
1. Do you own the land on which this bui	Iding will be constructed? yes	no		
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? yes no				
3. Do you intend to directly control & sup	ervise construction activities? yes	no		
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? yes no				
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?				
	yes	no		
Sign & date				
I hereby certify that I have the authority to make and that the construction will conform to the remember of the matter of the m	egulations in the Building, Electrical, Plumbir ng Ordinance. I state the information on the changes occur including listed contractors, sit	ng and above e plan.		

my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

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

Application	#
. approvement	***

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

The undersigne	he undersigned applicant for Building Permit # being the:	
	General Contractor Owner	
	Officer/Agent of the Contractor or Owner	
	firm under penalties of perjury that the person(s), firm(th in the permit:	(s) or corporation(s) performing
Year And The Forence construction of the Section 1999	Has/have three (3) or more employees and has/have compensation insurance to cover them.	obtained workers'
	Has/have one (1) or more subcontractors(s) and has/ compensation insurance to cover them.	have obtained workers'
	Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.	
COMMUNICO CONTO DO CARO, OTRA CONTRA CONT	_ Has/have not more than two (2) employees and no su	ubcontractors.
Department issinsurance prior	on the project for which this permit is sought it is unders suing the permit may require certificates of covera to issuance of the permit and at any time during the parties of carrying out the work.	ge of worker's compensation
Firm Name:	BODGE HOMES	
Sign/Title:	The OWNER	***************************************
Date: 1/2	9/01	

Plan Box Number <u>C-4</u>

Job Name BOONE

Date: 2-1-07

Required Inspections for SFA/SFD

Appl. # 0756016734 Valuation #179, 517 Sq. Feet 2763

Sequence

10	n
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
2/20/07, 15:53:37 CUSTOMER SERVICE APPLICATION USER ID JDAVIS

NAME > BOONE HOMES CUSTOMER ID 119545 OLD ACCOUNT NUMBER

ADDRESS 6432 WHITTED RD FUQUAY VARINA NC 27526

EXEMPT TAX NO PENALTY NO

CASH ONLY NO

SERVICE ADDRESS CYCLE/ROUTE 06 36 LOCATION ID 85466

104 LONNIE BETTS DR 05

INITIATION DATE 2/20/07

CLASS RESIDENTIAL SECTION NORTHWEST DRIVERS LIC NUMBER 2970876 JURISDICTION HARNETT COUNTY UNITS 1.00 INSIDE

SOCIAL SECURITY NUMBER

DOING BUSINESS AS ALT CUSTOMER ID 2

> WATER METERED METERED RATE

METER NUMBER AUS007 UNITS 1.00

SERVICE ORDERS

145980 TO TURN ON WA REQUEST DATE 2/20/07

MISC. INFORMATION

DRV L # 2970876

DRV L #
EMPLOYER
WORK PHONE SELF EMPLOYER 9198688803