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.hamett.org Application for Building and Trade Permit

Owner's Name: QIL + BRIKY STEADAWN	Date: ZC IAW Cty
Address: 1305 BLINE PATCH LN BALIECH NC.	Phone: 919-395-1915
Directions to job site from Lillington: NC 210 WSST. TC AND	seson cebek RD.
T.P. LEMUEL BLACK KD. CATENEST ON	
Subdivision: CATWEST	_Lot:
Construction Type:       (Please Check)       Building Use:       (Please Check)         Y New       Moved House       Y Residential         Renovation       Addition       Other	Check) Commercial Multi-Family
Total Project Cost: 100000 Description of Proposed Work:	
General Contractor Information	1
Heated SF 26 11 Crawl Space (v) Unheated SF 462 Slab ()  Building Construction C Acres Disturbed . 6	Cost \$
THE QUEST DEVELOPMENT CO. OF DUNN ENC. 910-23	
Building Contractor's Company Name Telephone	7-1639
P.c. 2121 DVAN NC 28335	10521
Address	60521 License#
	mioding if
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back o	form & workers comp
Electrical Permit information	
Description of Work Electrical Cost TS Pole: Yes 0 No ( ) Underground ( ) Overheard ( )	\$
TS Pole: Yes () No () Underground () Overheard ()	
Permanent Service: Underground (4) Overhead ( ) Service Size:	
GLEO SESSOWS ELECTRIC 916 - 3 Electrical Contractor's Company Name Telephone	1.5630
Total Control of the	•
189 MARIE LANE ANTRYVILLE	18595-C
Address	
P(x, y)	License #
Die Sessen	License #
Signalare of Officer(s) of Corporation	License #
Signature of Officer(s) of Corporation  Mechanical Permit Information	License #
Signature of Officer(s) of Corporation  Mechanical Permit Information	License #
Signature of Officer(s) of Corporation  Mechanical Permit Information  Description of Work  Number of Units Type SystemH&ATPUND_ Mechanical	inical Cost \$
Signature of Officer(s) of Corporation  Mechanical Permit Information	inical Cost \$
Signature of Officer(s) of Corporation  Mechanical Permit Information  Description of Work  Number of Units Type SystemHFAT_PUND Mechanical Contractor's Company Name Telephone	nical Cost \$
Signature of Officer(s) of Corporation  Mechanical Permit Information  Description of Work  Number of Units Type SystemHFAT_PUNIP Mechanical Permit Information  TAND M HEATING AND A/C 910 - 8	inical Cost \$
Signature of Officer(s) of Corporation  Mechanical Permit Information  Description of Work  Number of Units Z Type SystemHFAT_PUND Mechanical  TAND MHFATING AND A/C 910 - 8  Mechanical Contractor's Company Name	97-5501 17164
Signature of Officer(s) of Corporation  Mechanical Permit Information  Description of Work  Number of Units	97-5501 17164
Signature of Officer(s) of Corporation  Mechanical Permit Information  Description of Work  Number of Units	97-5501 17164
Signature of Officer(s) of Corporation  Mechanical Permit Information  Description of Work  Number of Units Z Type SystemHEAT_PUND Mechanical Contractor's Company Name	inical Cost \$
Signature of Officer(s) of Corporation  Mechanical Permit Information  Description of Work  Number of Units	17 164 License #
Signature of Officer(s) of Corporation  Mechanical Permit Information  Description of Work  Number of Units	inical Cost \$
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Signature of Officer(s) of Corporation    Mechanical Permit Information	17 164 License #
Signature of Officer(s) of Corporation    Mechanical Permit Information	inical Cost \$
Signature of Officer(s) of Corporation    Mechanical Permit Information	17 164 License #  17 - 33 / D  / 2053 License #
Signature of Officer(s) of Corporation    Mechanical Permit Information	17 164 License #  17 164  License #  17 164  License #

Commercial J Sprinkle	obs must fill out this portion er System Information
Sprinkler Contractor's Company Name	Contact & Telephone
Address	Lisense #
Signature of Officer(s) of Corporation	
	m System Information
ire Alarm Contractor's Company Name	
ire Alaim Contractor's Company Name	Contact & Telephone
Address	License #
ignature of Officer(s) of Corporation	
Driveway Access - NC Department of Tr	ansportation Driveway Access/Permit? Yes No

Homeowners Applying to Build Their O Please answer the following questions then see a Permit Technician to determine if you qu	wn Home
Questionnaire per G.S. 87-14 Regulations as to Issue of Building Po	
1. Do you own the land on which this building will be construct	
Have you hired or intend to hire an individual to superintend the project?	end manage construction of yes no
3. Do you intend to directly control & supervise construction ac	ctivities? no
4. Do you intend to schedule, contract, or directly pay for all photo done?	yes\ no
5. Do you intend to personally occupy the building for at least 1 following completion of construction and do you understand that creates the presumption under law that you fraudulently secure.	it if you do not do co. S
	yes no
Sign & date	
I hereby certify that I have the authority to make necessary application, that and that the construction will conform to the regulations in the Building, Mechanical codes, and the Harnett County Zoning Ordinance. I state the	Floatrical Discribing and

contractors is correct as known to me and if <u>any</u> 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 Department of any and all changes.

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

Date

<b>Application</b>	#

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

The undersign	ed applicant for Building Permit #	being the:
	General Contractor	
	Owner Officer/Agent of the Contractor or Owner	
	nfirm under penalties of perjury that the person orth in the permit:	(s), firm(s) or corporation(s) performing
	Has/have three (3) or more employees and h compensation insurance to cover them.	as/have obtained workers'
	Has/have one (1) or more subcontractors(s) a compensation insurance to cover them.	and has/have obtained workers'
	Has/have one (1) or more subcontractors(s) workers' compensation insurance covering th	vho has/have their own policy of emselves.
•	Has/have not more than two (2) employees a	nd no subcontractors.
Department is insurance prior	on the project for which this permit is sought it is suing the permit may require certificates of r to issuance of the permit and at any time during tion carrying out the work.	coverage of worker's compensation
Firm Name:	THE QUEST DEVELOPMENT CO.	F DINN INC.
Sign/Title:	PRESID	DENT
Date:	21 500 07	

Plan Box Number AA 6

Job Name BRADLEY BULT

Date: 3-31-00

Required Inspections for SFA/SFD

## Sequence

10 10-30 20 20 30-999 30-999 30-999 40 40 40 40 40 40 40 40 60 60	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Rough In Four Trade Final Four Trade Final Four Trade Final
	R* Insulation
60	Three Trade Final > 2500
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
9991	Envir. Operations Permit