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 Ilcense.

Application

Harnett County Central Permitting PO 8ox 65 Lillington, NC 27546 Telephone Number 910-893-7525 www.hamett.org Application for Building and Trade Permit

| Owner's Name: QIL + BELKY STEADAKN | Date: 26 JAW 04 |
|--|---|
| Address: 1305 BLIAL PATCH LN LALIEGH NC. | Phone: 919-395-1915 |
| Directions to job site from Lillington: NC 210 WSST. TC AND | DERSON CREEK RD. |
| T.P. LEMUEL DLACK KD, CATENEST ON | <u>eicht</u> |
| Subdivision: CATWEST | Lot: |
| Construction Type: (Please Check) Y New Moved House X Residential Modular | Commercial Multi-Family |
| Total Project Cost: 100000 Description of Proposed Work: | |
| Heated SE 2611 Crawl Space M | on Cost \$ |
| Heated SF 26 1 Crawl Space () Building Construction Unheated SF 462 Slab () Acres Disturbed | Stories 2 |
| THE QUEST DEVELOPMENT CO. OF DUNN INC. 910-2 | |
| Building Contractor's Company Name Telephone | , man w man dan dan dan dan dan dan dan dan dan d |
| P.C. 2121 DVAN NC 28335 | 605 Z I License # |
| Address | License # |
| | |
| Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back | of form & workers comp |
| Description of Work Electrical Permit Information TS Pole: Yes M No.() Hadarara and Advanced to Company and Advanced to | t \$ |
| Overnesity () | |
| Permanent Service: Underground (*) Overhead () Service Size: | |
| GLEO SESSOWS ELECTRIC 910 - Electrical Contractor's Company Name Telephone | 567.5630 |
| | ¥ |
| 189 WINCE LANE ATTOYVILLE Address | |
| Dies Sesson | License # |
| Signature of Officer(s) of Corporation | |
| Mechanical Permit Information | <u>n</u> |
| Description of Work Type System <u>Hをみて Punity</u> Mech | conical Coat C |
| IMDM HEATING AND A/C 910- | ianical Cost \$ |
| Mechanical Contractor's Company Name Telephone | 047-5501 |
| 724 TULLINGTON RD. DUNN NL. 28334 | im I |
| Address | |
| Kent Johnson | |
| Signature of Officer(s) of Corporation | |
| Description of Work Plumbing Permit Information | |
| Number of Baths 2 Plumbing Cost | · R |
| | |
| Plumbing Contractor's Company Name Telephone | 750 2 m |
| | 97-3310 |
| 11640 Harritt-Dung Am Dung NC | - |
| Address On Address | 12053 License # |
| Address X QQ | 12053 |
| Address X Signature of Officer(s) of Corporation | 1,2053 License # |
| Address X QQ | 12053 License# |

| | | Application #_ | | |
|--|--|--|---|--|
| | Commercial Job Sprinkler | s must fill out this portion System Information | |) — manada)) — — — — — — — — — — — — — — — — — — |
| | соозининин л | | | |
| Sprinkler Contractor's Company | Name | Contact & Telephone | | |
| Address | / | Ligense # | | |
| Size of the second seco | / | | | |
| Signature of Officer(s) of Corpora | | System information | | |
| Fire Alarm Contractor's Company | Name | Contact & Telephone | | _ |
| Address | | License # | | |
| Signature of Officer(s) of Corpora | N | | | |
| Driveway Access - NC I | tion Department of Trans | portation Driveway Access/Perm | it? Yes | No |
| Homeo | wners Applyin | g to Build Their Own Ho | nme. | |
| Please answer the following questions | then see a Permit Teci | inician to determine if you qualify for | permit under Owne | ers Exemption. |
| Questionnaire per G.S. 87-14 | Regulations as t | Issue of Building Permits | (Memo available | upon request) |
| 1. Do you own the land on v | | | | |
| 2. Have you hired or intend the project? | to hire an indivi | dual to superintend and r | manage cons | struction of |
| 3. Do you intend to directly o | control & superi | rise construction activities | s? yes | no |
| 4. Do you intend to schedule | e, contract, or d | rectly pay for all phases | of constructi | on work to |
| pe done? | | , and the production of the pr | yes | no |
| Do you intend to personal ollowing completion of const creates the presumption under the presumption of the presum | ruction and do | YOU understand that if you | u da nat da e | nths so, it |
| reales the plesumption and | aw that you | raudulently secured the (| permit? yes | no |
| _/ | | | | |
| ign & date | | | | |
| hereby certify that I have the author of that the construction will confectanical codes, and the Harnet contractors is correct as known to ruilding and trade plans, Environment of the Harne of the Harnet constitution of the Harnet contractors in the Ha | t County Zoning Come and if any char ental Health permit tt County Central f | rtions in the Building, Electric Profinance. I state the informatiges occur including listed control changes or proposed use c | cal, Plumbing ation on the at ntractors, site p | and xove plan, |
| ignature of Dwindr/Contractor/Offic | er(s) of Corporatio | n ⊁Date | | |

| Application | # |
|--------------------|---|
| | |

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

| The undersigned | d applicant for Building Permit # being the: |
|--------------------------------------|--|
| | General Contractor Owner |
| | Officer/Agent of the Contractor or Owner |
| Do hereby confi the work set fort | irm under penalties of perjury that the person(s), firm(s) or corporation(s) performing h in the permit: |
| 1000 10 000000 00 db | Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them. |
| <u> </u> | Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them. |
| <u> </u> | 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. |
| Department issuinsurance prior t | the project for which this permit is sought it is understood that the Central Permitting using the permit may require certificates of coverage of worker's compensation or issuance of the permit and at any time during the permitted work from any person, on carrying out the work. |
| Firm Name: | THE PURST DEVELOPMENT CO. OF DINN INC. |
| Sign/Title: | PRESIDENT |
| Date: ₩ | 22 FAN 07 |

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.

750016761

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|---|
| Application # |
| 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: | Date: |
|---|--|
| Address: | Phone: |
| Directions to job site from Lillington: | |
| Subdivision: | Lot: |
| Construction Type: (Please Check) Building Use: (Please Check) New New Residential Renovation New New | e Check) Commercial Multi-Family |
| Total Project Cost:Description of Proposed Work: General Contractor Informati | |
| Heated SFCrawl Space () Building Construction Unheated SFSlab () Acres Disturbed | n Cost \$ Stories |
| THE QUEST DEVELOPMENT CO. OF DUNN ENC, Building Contractor's Company Name Telephone | 910-567-4686 4. |
| P.c. 2121 DVNN NC 28335 Address | |
| Signal and of Owner/Contractor/Officer(s) of Corporation – Must sign bac | k of form & workers comp |
| Description of WorkElectrical Permit Informatio TS Pole: Yes () No () Underground () Overheard () | <u>n</u> ost \$ |
| Permanent Service: Underground () | e:Amps |
| GLEO SESSOWS ELECTRIC 910 - Electrical Contractor's Company Name Telephone | - 567 - 5630 |
| I elephone 189 MARIE LANE AUTRYVILLE NC Address Die Sesem | |
| Signature of Officer(s) of Corporation | |
| Mechanical Permit Information | <u>on</u> |
| Description of Work Type System Med | chanical Cost \$ |
| Mechanical Contractor's Company Name TawD M HEATING AND A/C 910 - Telephone | -897-5501 |
| Address V 1 1 | |
| Signature of Officer(s) of Corporation | 2.557.555 11 |
| Plumbing Permit Information | 1 |
| Description of Work | # Baths |
| Steven Stanler Plumbing LLC | 914-291-5648 |
| Plumbing Contractor's Company Name Tele | phone 20013 |
| Address Address | License # |
| Signature of Officer(s) of Corporation Insulation Permit Information Residential () Oth | er () Not Required () |
| TRI-CITY INSULATION 1643 OLD HILMING | |
| Insulation Contractor's Company Name & Address FAYETTEVILLI | Telephone Telephone |

| | obs must fill out this portion or System Information | |
|---|---|----|
| Sprinkler Contractor's Company Name | Contact & Telephone | _ |
| Address | License # | |
| Signature of Officer(s) of Corporation Fire Alar | m System Information | |
| Fire Alarm Contractor's Company Name | Contact & Telephone | _ |
| Address | License # | _ |
| Signature of Officer(s) of Corporation <u>Driveway Access</u> = NC Department of Tr | ransportation 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 <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 Owner Contractor/Officer(s) of Corporation

Date

| Plan Box Number 7 | Job Name Quest Date: 6-72-08 |
|--|---|
| Required Inspections for SFA/SFD Sequence | Appl. # 07 500 1676 Valuation 206804 Sq. Feet 3183 |
| 10 | Service Pole Indation 2767 (Sep. Ilab Slab In In In 2500 (In In 2500 In In In In 2500 In In In 2500 In In In In 2500 In |