

* 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.harnett.org

Application for Building and Trade Permit

Owner's Name: Hampton Custom Builders Inc Date: 2-1-07

Address: Lot 4 Magnolia Crest 27506 Phone: _____

Directions to job site from Lillington: 401 N to Rawls Club Rd.
Take Right go 1/2 mile take left into Magnolia Crest

Subdivision: Magnolia Crest Lot: 4

Construction Type: (Please Check)
 New Moved House
 Renovation Addition Other

Building Use: (Please Check)
 Residential Commercial
 Modular Multi-Family

Total Project Cost: 200,000 Description of Proposed Work: Single Family

General Contractor Information

Heated SF 2360 Crawl Space ()
Unheated SF 600 Slab ()
Hampton Custom Builders Inc
Building Contractor's Company Name
PO Box 655
Address

Building Construction Cost \$ 170,000
Acres Disturbed _____ Stories 3
919-524-2915
Telephone
57196
License #


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

Electrical Permit Information

Description of Work New construction Electrical Cost \$ 10,000
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: 200 Amps
Eagle Electrical Services
Electrical Contractor's Company Name 910-980-3760
Telephone
7633 Sherrill Basset Rd
Address 18800-L
License #
Durham N.C. 28334
Signature of Officer(s) of Corporation Edward A. Hoener

Mechanical Permit Information

Description of Work New construction HVAC
Number of Units _____ Type System _____ Mechanical Cost \$ 10,000
Air Control
Mechanical Contractor's Company Name 910-980-1209
Telephone
6633 Sherrill Basset Rd. Bechtel
Address 21319
License #
Edward A. Hoener
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New Construction
Number of Baths 3.5 Plumbing Cost \$ 10,000
Wagner Plumbing
Plumbing Contractor's Company Name _____ Telephone
Box 484 Manteo, NC
Address 07674
License #
Roy Wagner
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential () Other () Not Required ()
Insulation Inc
Insulation Contractor's Company Name _____ Address Raleigh NC 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

2-1-07

Date

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

The undersigned applicant for Building Permit # _____ being the:

- General 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: Hampton Custom Builders Inc

Sign/Title: [Signature]

Date: 2-1-07

Plan Box Number AA-10

Job Name Hampton Custom Bldg

Date: 2-5-07

Required Inspections for SFA/SFD

Appl. # 0750016783

Valuation \$172,306

Sq. Feet 2652

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	<u> </u>	R* Bldg. Slab Insp.
30-999	<u> </u>	R* Elec. Under Slab
30-999	<u> </u>	R*Plumb. Under Slab
40	<u> </u>	Four Trade Rough In
40	<u> </u>	Four Trade Rough In > 2500
40	<u> </u>	Three Trade Rough In
40	<u> </u>	Three Trade Rough In > 2500
40	<u> </u>	Two Trade Rough In
40	<u> </u>	Two Trade Rough In > 2500
40	<u> </u>	One Trade Rough In
40	<u> </u>	One Trade Rough In > 2500
50	<u> </u>	R* Insulation
60	<u> </u>	Four Trade Final
60	<u> </u>	Four Trade Final > 2500
60	<u> </u>	Three Trade Final
60	<u> </u>	Three Trade Final > 2500
60	<u> </u>	Two Trade Final
60	<u> </u>	Two Trade Final > 2500
60	<u> </u>	One Trade Final
60	<u> </u>	One Trade Final > 2500
999	<u> </u>	Envir. Operations Permit

Plan Box Number AA-10

Job Name HAMPTON BUILDERS

Date: 3-5-07

Required Inspections for SFA/SFD

Appl. # 0750016783

Valuation \$155,608

Sq. Feet 2395

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

Application # 14783

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 Fax 910-893-2793
www.harnett.org

Certification of Work Performed By Owner/Contractor

Owner (s) of Structure: Hampton Custom Builders Inc Phone: 919-524-2915

Owner (s) Mailing Address: PO Box 655
Holly Springs, NC 27540

Land Owner Name (s): Same Phone: _____

Construction or Site Address: 125 Curragh Cove Fugrovy Marina

PIN or Parcel #: _____

Job Cost: 5,000 Description of Work to be done Irrigation Backflow Valve

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___

Electrical: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:
401 N. from Lillington Road Take 1st left onto Curragh Cove Take right onto Rawls Club

Subdivision: Magnolia Crest Lot #: 4

I Hampton Custom Builders have provided or will provide the Wagner Plumbing labor
(Contractors Name) (Trade)

on this structure. I am the building owner or hold a NC state Building license
(Trade)

number 57196, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature:  Date: 7-6-07

Company Name: Wagner Plumbing Phone: 910 891 8114

Address: Marmers, NC

County: Harnett Contractor's License #: 7674

Contractor's Signature: _____ Date: _____

*Company name, address, & phone must match information on license.

3/07/07, 12:47:21

HARNETT COUNTY PUBLIC UTILITIES
CUSTOMER SERVICE APPLICATION

USER ID DJOHNSON

NAME HAMPTON CUSTOM BUILDERS INC
ADDRESS PO BOX 655
HOLLY SPRINGS NC 27540

CUSTOMER ID 103947
OLD ACCOUNT NUMBER

EXEMPT TAX NO PENALTY NO
CASH ONLY NO

110783

SERVICE ADDRESS 125 CURRAGH COVE
CYCLE/ROUTE 06 32
LOCATION ID 86461
08

INITIATION DATE 3/07/07
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 MAG004 UNITS 1.00

SERVICE ORDERS

147251 TO TURN ON

WA REQUEST DATE 3/07/07