

\* Each section below to be filled out by whoever 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 5 Magnolia Crest Phone: 919-524-2915  
Directions to job site from Lillington: Take 401 N to Rawls Club Road  
+ Take a right 1/2 mile + take left into Magnolia Crest  
Subdivision: Magnolia Crest Lot: 5

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

Total Project Cost: 200,000 Description of Proposed Work: New Construction  
single family

**General Contractor Information**

Heated SF 2600 Crawl Space ( ) Building Construction Cost \$ 200,000  
1100 Unheated SF 400 Slab ( ) Acres Disturbed \_\_\_\_\_ Stories 3  
Hampton Custom Builders Inc Telephone 919-524-2915  
Building Contractor's Company Name Address PO Box 655 Kelly Springs NC License # 57196  
[Signature]  
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 Telephone 910-980-3760  
Electrical Contractor's Company Name Address 7633 Sherrill Baggett Rd License # 18800-L  
Durham N.C. 28334  
Edward A. Blomer  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work New Construction HVAC  
Number of Units 2 Type System Elect H/Pump Mechanical Cost \$ 10,000  
Air Control Telephone 910 980 1209  
Mechanical Contractor's Company Name Address 6623 Sherrill Baggett Rd Beaufort License # 21319  
[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New Construction  
Number of Baths 2.5 Plumbing Cost \$ 10,000  
Wagner Plumbing Telephone 07674  
Plumbing Contractor's Company Name Address Box 494 Manteo NC License # \_\_\_\_\_  
[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Residential ( ) Other ( ) Not Required ( )  
Insulation Inc Address Raleigh Telephone \_\_\_\_\_  
Insulation Contractor's Company Name

**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  
BLK

Date: 2-5-07

Required Inspections for SFA/SFD

Appl. # 0750016784

Valuation \$204,726

Sq. Feet 3151

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input 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 type="checkbox"/>	Four Trade Rough In
40	<input checked="" 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 type="checkbox"/>	Four Trade Final
60	<input checked="" 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 # 110784

**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: 165 Curragh Cove Fwy way Marina

PIN or Parcel #: \_\_\_\_\_


Job Cost: 5,000 Description of Work to be done: Installation 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 #: 5

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 57194, 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: Martinez, NC  
County: Harnett Contractor's License #: 7674  
Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

165 Curragh Cove

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available. I.D is Required.

Today's Date <u>2-1-07</u>	<b>*Deposits shown apply for customers with approved credit only!</b>	
Date Service Requested: <u>Will Call</u>	Fees Due: Deposit, Owner, Water \$25	Connection Fee, all accounts: \$15
	Deposit, Owner, Sewer \$25	
	Deposit, Rental, Water \$50	
	Deposit, Rental, Sewer \$50	Meter Fee: \$70

This agreement is to request Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and/or sewer service connections at the following location:

**Please Print:** 165 Magnolia Crest  
Service Address: \_\_\_\_\_ Landlord: \_\_\_\_\_

Applicant's Name: Hampton Custom Builders Inc.

Applicant's Social Security #: \_\_\_\_\_ DL#: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Co-App's Social Security #: \_\_\_\_\_ DL#: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Applicant's Billing Address: PO Box 655 Holly Springs NC 27540

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: CID-103947

Previous Address: \_\_\_\_\_ CID-86462

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Co-Applicant's Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Nearest Relative: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: PO Box 655 Holly Springs NC 27540

I, the undersigned, do agree to abide by the rules and regulations of the Harnett County Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my services without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature: [Signature]

Amount Paid: _____	Cash: _____	Check: _____	Account #: _____
Account # Transferred From: _____	Date To Turn Off: _____		
Address of Transferred Account: _____	Turn On: _____	Read Only: _____	Install: _____