

\* 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: Malaka Ventures Date: 2-1-07  
Address: Lot 10 Magnolia Crest Phone: 919-524-2915  
Directions to job site from Lillington: Take 401 N to Rawls Club Road  
Take Right go 1/2 mile Take left into Magnolia Crest  
Subdivision: Magnolia Crest Lot: 10

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 Single Family

**General Contractor Information**

Heated SF 2554 Crawl Space ( ) Building Construction Cost \$ 2175,000  
Unheated SF 035 Slab ( ) Acres Disturbed 13 Acres Stories 3  
Hampton Custom Builders Inc 919-524-2915  
Building Contractor's Company Name Telephone  
PO Box 655 Holly Springs NC 57196  
Address License #

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

**Electrical Permit Information**

Description of Work New Single Family Electrical Cost \$ 10,000  
TS Pole: Yes (  ) No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground (  ) Overhead ( ) Service Size: 200 Amps  
Eagle Electrical Services 910-20980-3760  
Electrical Contractor's Company Name Telephone  
7633 Sherrill Wargett Rd 18800-L  
Address License #  
Dura N.C. 28384  
Edward A. Blum

[Signature]  
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 910-280-1209  
Mechanical Contractor's Company Name Telephone  
663 Sherrill Bassett Rd Godwin 21319  
Address License #  
Albert S. Clark

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New construction  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ 10,000  
Wagner Plumbing  
Plumbing Contractor's Company Name Telephone  
Box 484 Waverly, NC 07674  
Address License #  
[Signature]

[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Residential ( ) Other ( ) Not Required ( )  
Insulation Inc Raley L  
Insulation Contractor's Company Name Address Telephone

**Sprinkler System Information**

Sprinkler Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ License # \_\_\_\_\_  
Signature of Officer(s) of Corporation \_\_\_\_\_

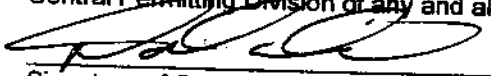
**Fire Alarm System Information**

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: Abington Construction Builders Inc

Sign/Title: [Signature]

Date: 2-1-07

Plan Box Number AA-10

Job Name HAMPTON CONST.

Date: 2-5-07

Required Inspections for SFA/SFD

16785  
Appl. # 07500~~12~~  
Valuation \$195,696  
Sq. Feet 3012

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 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 # 14785

**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: Curragh Cove Fuguey 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 #: 10

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

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

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.

3/19/07, 15:48:53

HARNETT COUNTY PUBLIC UTILITIES  
CUSTOMER SERVICE APPLICATION

USER ID JDAVIS

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

SERVICE ADDRESS 297 CURRAGH COVE  
CYCLE/ROUTE 06 32

LOCATION ID 86467  
08

INITIATION DATE 3/19/07  
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 MAG010 UNITS 1.00

SERVICE ORDERS

148083 TO TURN ON

WA REQUEST DATE 3/19/07