

* 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 Date: 2-1-07
Address: Lot 71 Ruth Circle Phone: 919-524-2915
Directions to job site from Lillington: Fuquay Varina NC 27526
Take 401 N to Ballard Rd Take Right onto Ballard Rd.
Subdivision: Ballard Woods Lot: 71

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

Total Project Cost: 175,000 Description of Proposed Work: New Single Family

General Contractor Information

Heated SF 2522 Crawl Space () Building Construction Cost \$ 145,000
Unheated SF 975 Slab () Acres Disturbed _____ Stories 2
Hampton Custom Builders Inc 919-524-2915
Building Contractor's Company Name Telephone
PO Box 655 Holly Springs NC 57196
Address License #
[Signature] 27540
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 910-920980-3760
Electrical Contractor's Company Name Telephone
7633 Sherrill Bassett Rd 18800-L
Address License #
Durham N.C. 28334
Edward A. Heenan
Signature of Officer(s) of Corporation

Mechanical Permit Information

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

Plumbing Permit Information

Description of Work New Single Family
Number of Baths 2.5 Plumbing Cost \$ 10,000
Waynes Plumbing
Plumbing Contractor's Company Name Telephone
Box 484 Mendenhall, NC 07674
Address License #
[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential () Other () Not Required ()
Insulating Inc 401, Raleigh
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

21-07

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] President

Date: 2-1-07

Plan Box Number AA-10

Job Name Hampton Custom
BLOG

Date: 2-5-07

Required Inspections for SFA/SFD

Appl. # 0750016787
Valuation \$219,215
Sq. Feet 3374

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

HARNETT COUNTY PUBLIC UTILITIES
CUSTOMER SERVICE APPLICATION

2/28/07, 15:45:55

USER ID JBROCK

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 586 RUTH CIR
CYCLE/ROUTE 06 04
LOCATION ID 83998
08

INITIATION DATE 2/28/07
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 BW3071 UNITS 1.00

SERVICE ORDERS

146736 TO TURN ON

WA REQUEST DATE 2/28/07