

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: TRIMARK DEVELOPMENT Date: 02/05/07  
Address: P.O. 10648 RALEIGH, N.C. Phone: 919-235-5527  
Directions to job site from Lillington: 401-42-LEFT-42 TO CORESBURY RD. - LEFT - 1 MILE RT INTO CORESBURY PARK LOT ON LEFT.  
Subdivision: CORESBURY PARK Lot: \_\_\_\_\_  
Construction Type: (Please Check) Building Use: (Please Check)  
 New  Moved House  Residential  Commercial  
 Renovation  Addition  Other  Modular  Multi-Family  
Total Project Cost: 110,000 Description of Proposed Work: NEW CONSTRUCTION

**Building Permit Information**

Heated SF 1309 Crawl Space   
Unheated SF 450 Slab ( )  
Building Contractor's Company Name: TRIMARK DEVELOPMENT  
P.O. Box 10648 RALEIGH, N.C.  
Address: \_\_\_\_\_  
Signature of Officer(s) of Corporation: [Signature]  
Building Construction Cost \$ 110,000  
Acres Disturbed \_\_\_\_\_ Stories 1  
Telephone: 235-5527  
License #: 56875

**Electrical Permit Information**

Description of Work NW Electrical Cost \$ 4500.00  
TS Pole: Yes  No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground  Overhead ( ) Service Size: 200 Amps  
Electrical Contractor's Company Name: COOKS ELECTRICAL OF N.C. INC.  
P.O. 999 FURBURY VARRINA, N.C. 27526  
Address: \_\_\_\_\_  
Signature of Officer(s) of Corporation: [Signature]  
Telephone: 919-557-3460  
License #: 18967-L

**Mechanical Permit Information**

Description of Work NW  
Number of Units 1 Type System HEATPUMP Mechanical Cost \$ 5500.00  
BARCLEY ARNOLD  
Mechanical Contractor's Company Name: \_\_\_\_\_  
122 PHILEMON DR. FURBURY VARRINA  
Address: \_\_\_\_\_  
Signature of Officer(s) of Corporation: [Signature]  
Telephone: 1-919-557-3454  
License #: 18460

**Plumbing Permit Information**

Description of Work NW  
Number of Baths 2 Plumbing Cost \$ 4500  
WARRICK PLUMBING  
Plumbing Contractor's Company Name: \_\_\_\_\_  
411 CRAWFORD RD. COATS, N.C. 27521  
Address: \_\_\_\_\_  
Signature of Officer(s) of Corporation: [Signature]  
Telephone: 910 897-4722  
License #: NC PL 27930

**Insulation Permit Information**

Residential  Other ( ) Not Required ( )  
Insulation Contractor's Company Name: ATUM 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 \_\_\_\_\_

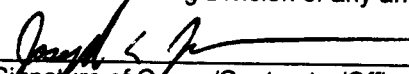
Address \_\_\_\_\_ License # \_\_\_\_\_

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 \_\_\_\_\_

02/05/07  
Date \_\_\_\_\_

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

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

  X   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.

  X   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: \_\_\_\_\_

Sign/Title:   Jay's P  

Date: \_\_\_\_\_

Plan Box Number D-3

Job Name TRJ MARK Develop.

Date: 2-5-07

Required Inspections for SFA/SFD

Appl. # 0750016789  
Valuation \$123,446  
Sq. Feet 1900

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

2/26/07, 8:54:25

HARNETT COUNTY PUBLIC UTILITIES  
CUSTOMER SERVICE APPLICATION

USER ID ADRIGGER

NAME TRIMARK DEVELOPMENT  
ADDRESS PO BOX 10648  
RALEIGH

NC 27605

CUSTOMER ID 108865  
OLD ACCOUNT NUMBER

EXEMPT TAX NO PENALTY NO  
CASH ONLY NO

SERVICE ADDRESS 337 COKESBURY PARK LN  
CYCLE/ROUTE 06 56

LOCATION ID 82340  
05

INITIATION DATE 2/26/07  
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 CPR024 UNITS 1.00

SERVICE ORDERS

146322 TO TURN ON

WA REQUEST DATE 2/26/07

MISC. INFORMATION

EMPLOYER  
WORK PHONE  
ATTN JOE FREEMAN  
9192355527