* 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 # 0750016790

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

Telephone Number 910-893-7525 www.harnett.org

<u>Application</u>			

Owner's Name: (30xy 6 Heates Court Date: 2-15-07)
Address: 3055 old Burs Creek Re Phone: 919-169-15369
Directions to job site from Lillington: 40/ Charth 29-49 rot 4 to 5
Directions to job site from Lipington. 457 1854 - 475
Miles, Subdevisor on from
Subdivision:Lot:Lot:
Construction Type: (Please Check) Building Use: (Please Check)
New Moved House Residential Commercial
Renovation Addition Other Modular Multi-Family
Total Project Cost: Description of Proposed Work:
General Contractor Information
Heated SF 250 Crawl Space () Building Construction Cost \$
Unheated SFSlab ()/ Acres DisturbedStories
Gary LAudies Const 19-669-5369
Building Contractor's Opmpany Name Telephone
3055 Of One Creek to HANN 45839
Address License #
Solm 18 - 11
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp
Description of Work Electrical Permit Information Electrical Cost \$
Description of Work Electrical Cost \$ TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size:Amps
Par 1 1 2 4 to Car Cont Contes 919 552 4282
Electrical Contractor's Company Name Flectrical Contractor's Company Name 919 552 426 2 Telephone
Address #
Address License #
Rexanos fe
Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work Number of Units Type System Mechanical Cost \$
Number of Units Type System
T-lankens V a III O
Mechanical Contractor's Company Name Telephone
Mechanical Contractor's Company Name J. C.'s Htg. + A. C. INC. Address 1539 Whole Stephenson Relation Signature of Officer(s) of Corporation Relation Reprint Information
Address 1534 WAVE STEPS TYSON 170
Signature of Officer(s) of Corporation
Signature of Officer(s) of Corporation Plumbing Permit Information
Description of Work
Number of Baths Plumbing Cost \$
WYW PLUMBING Co. INC. 919-639-0195
Plumbing Contractor's Company Name 919-639-0195 Telephone
POBOX 1239 ANGIER N.C. 27501 14087
Address, License #
Pik Wells
Signature of Officer(s) of Corporation
Insulation Permit Information Residential () Other () Not Required ()
Tri-Coty
Insulation Contractor's Company Name & Address Telephone

•	Application #	-		
Commercial Jobs must fill out this portion Sprinkler System Information				
Sprinkler Contractor's Company Name	Contact & Telephone	_		
	·	_		
Address	License #			
Signature of Officer(s) of Corporation Fire Alarm	System Information			
Fire Alarm Contractor's Company Name	Contact & Telephone	-		
Address	License #			
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Tran	nsportation Driveway Access/Permit? Yes	No		
Homeowners Applying Please answer the following questions then see a Permit Te	ng to Build Their Own Home echnician to determine if you qualify for permit under Owne	ers Exemption.		
Questionnaire per G.S. 87-14 Regulations as	to Issue of Building Permits (Memo available	upon request)		
Do you own the land on which this build	ding will be constructed? yes	no		
2. Have you hired or intend to hire an indi the project?	vidual to superintend and manage con yes	struction of no		
3. Do you intend to directly control & supe	ervise construction activities? yes	no		
4. Do you intend to schedule, contract, or be done?	directly pay for all phases of construct yes	ion work to		
5. Do you intend to personally occupy the following completion of construction and d creates the presumption under law that yo	lo you understand that if you do not do	onths so, it		
Sa (1) for	yes	no		
Sign & date				
I hereby certify that I have the authority to make i	necessary application, that the application is c	correct		

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 <u>any</u> 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 Department of any and all changes.

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

Date

pplication #

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

The undersigned	applicant for Building Permit # <u>07500/6</u> 770 being the:
	General Contractor
	Owner Owner
	Officer/Agent of the Contractor or Owner
Do hereby confirr the work set forth	n under penalties of perjury that the person(s), firm(s) or corporation(s) performing 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.
Department issui insurance prior to	the project for which this permit is sought it is understood that the Central Permitting ing the permit may require certificates of coverage of worker's compensation issuance of the permit and at any time during the permitted work from any person,
. /	n carrying out the work.
Firm Name:	Daty A Vicke 3 Com -
Sign/Title:	La Barer Daner
Date: 2	79-070 /

Plan Box Number A-5

Job Name <u>GARY HUGHES</u>

Date: <u>2 - 15 - 0</u> 7

Required Inspections for SFA/SFD

Appl. # 07500 | 6790 Valuation \$ 203,687 Sq. Feet 3 | 35

Sequence

•	
10 10-30	R* Bldg. Footing R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	_
30-999	R* Bldg. Slab Insp. R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	Four Trade Rough In
40	Four Trade Rough In> 2500
40	Three Trade Rough In
40	Three Trade Rough In> 2500
40	Two Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
40	One Trade Rough In > 2500
50	R* Insulation
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit

JC's HVAC inc 9108932793 02/19/2007 09:52 * 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. Owner's Name: Subdivision: New Renovation Total Project Cost:

Application # 02500/6790 Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-7525 www.harnett.org Application for Building and Trade Permit Lot: Construction Type: (Please Check) Building Use: (Please Check) Moved House Residential Commercial Addition __ Other Modular _ Multi-Family Description of Proposed Work: General Contractor Information Heated SF-250 Crawl Space () **Building Construction Cost \$** Unheated SF Acres Disturbed Stories Building Contractor's C ppapy/Name Address ContrasportOfficer(s) of Corporation - Must sign back of form 8 workers comp **Electrical Permit Information** Description of Work Electrical Cost \$ TS Pole: Yes () No () Underground () Overhead () Service Size: Permanent Service: Underground () Overhead () Amps A Dean Flest Rich 919 552 4262 Electrical Contractor's Company Name Telephone 80 39 Kenn abec First Li Hon Address Rex (21) gar Signature of Officer(s) & Corporation Mechanical Permit Information Description of Work Number of Units Mechanical Cost \$ 552-3033 2455-H3 License # אלם Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work Number of Baths Plumbing Cost \$ WYW Plansing Co. Inc 919-639-019 Plumbing Contractor's Company Name Telephone 14087 License # Address Signature of Officer(s) of Corporation Insulation Permit Information Residential () Other () Not Required () Insulation Contractor's Company Name & Address Telephone