

16795

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 85 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: Craftsmen Construction Date: 2/6/07
Address: PO Box 727 Dunn, NC 28335 Phone: 910 892-4345
Directions to job site from Lillington: 27 W/ (R) on Barbecue Ch. rd. (TD) on Hoover Rd. (TD) on Wellstone Dr.
Subdivision: Persimmon Hill Lot: 58

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

Total Project Cost: _____ Description of Proposed Work: _____

General Contractor Information
Heated SF 2480 Crawl Space () Building Construction Cost \$ 104,300
Unheated SF 76 Slab () Acres Disturbed _____ Stories 2
Cumberland Homes Telephone 910-892-4345
Building Contractor's Company Name Address _____ License # 594983
PO Box 727 Dunn NC 28335

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp _____

Electrical Permit Information
Description of Work New Electrical Cost \$ _____
TS Pole: Yes (X) No () Underground (X) Overhead ()
Permanent Service: Underground (X) Overhead () Service Size: 200 Amps
Wester & Pace Telephone 919-499-5389
Electrical Contractor's Company Name Address _____ License # 1200-76
546 Leslie Dr. Sanford, NC

Signature of Officer(s) of Corporation _____

Mechanical Permit Information
Description of Work New Mechanical Cost \$ _____
Number of Units 1 Type System Heat Pump
Jacksons Heating + Air Telephone 910-891-5410
Mechanical Contractor's Company Name Address _____ License # 23670
PO Box 82 Benson, NC

Signature of Officer(s) of Corporation _____

Plumbing Permit Information
Description of Work New Plumbing Cost \$ _____
Number of Baths 2 1/2
Glover Contract Plumbing Telephone 910-892-1612
Plumbing Contractor's Company Name Address _____ License # 23160
PO Box 726 Coats, NC

Signature of Officer(s) of Corporation _____

Insulation Permit Information Residential () Other () Not Required ()
TRI CITY Insulation 418 Person St. Fay, NC Telephone 910 486-8855
Insulation Contractor's Company Name & Address

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

The undersigned applicant for Building Permit # _____ being the:

- _____ 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: Craftsman Const.

By/Title: Darryl Morris

Date: 2/6/07

slab

Plan Box Number AA-1

Job Name NORRIS

Date: 2-6-07

Required Inspections for SFA/SFD

Appl. # 0750016795
Valuation \$ 198,554
Sq. Feet 3056

Sequence

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

3/16/07, 8:12:39

HARNETT COUNTY PUBLIC UTILITIES
CUSTOMER SERVICE APPLICATION

USER ID ADRIGGER

NAME CRAFTSMEN CONSTRUCTION CO
ADDRESS PO BOX 727
DUNN NC 28335

CUSTOMER ID 72695
OLD ACCOUNT NUMBER

EXEMPT TAX NO PENALTY NO
CASH ONLY NO

SERVICE ADDRESS 11 WELLSTONE DR
CYCLE/ROUTE 07 07
LOCATION ID 85949
03

INITIATION DATE 3/16/07
JURISDICTION HARNETT COUNTY
INSIDE UNITS 1.00
SOCIAL SECURITY NUMBER
DOING BUSINESS AS
ALT CUSTOMER ID 2
CLASS RESIDENTIAL
SECTION SOUTHWEST
DRIVERS LIC NUMBER

WATER METERED METERED RATE
METER NUMBER PER058 UNITS 1.00

SERVICE ORDERS

147941 TO TURN ON

WA REQUEST DATE 3/16/07

MISC. INFORMATION

WORK PHONE 9108924345