

B1

\* 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 # 0750016824

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: Darryl D Evans Inc. Date: 4-10-07  
Address: 425 Indian Camp Rd. Phone: 934-3884  
Directions to job site from Lillington: 210 To 55 rt on 55, Left on  
Silas Hayer Rd., sub. on right  
Subdivision: Hunters Point Lot: 19

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

Total Project Cost: 60,000 Description of Proposed Work: new residential

Heated SF 1362 Crawl Space  Building Construction Cost \$ 90,000  
Unheated SF      Slab ( ) Acres Disturbed .5 Stories 1

Darryl D Evans Inc. Telephone 919-934-3884  
Building Contractor's Company Name  
425 Indian Camp Rd. Smithfield NC 27577 License # 50249  
Address

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

**Electrical Permit Information**  
Description of Work New Residential Electrical Cost \$ 4,000  
TS Pole: Yes  No ( ) Underground  Overhead ( )  
Permanent Service: Underground  Overhead ( ) Service Size: 200 Amps

C+M Electric Telephone 772-4518  
Electrical Contractor's Company Name  
818 Purser Drive Raleigh NC 27603 License # 5689-L  
Address

[Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**  
Description of Work New Residential  
Number of Units 1 Type System Heat Pump Mechanical Cost \$ 4250<sup>00</sup>

Stephenson Heating & Air Telephone 329-0686  
Mechanical Contractor's Company Name  
343 Shipwash Drive License # 18644  
Address

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**  
Description of Work New Residential  
Number of Baths 2 Plumbing Cost \$ 4500<sup>00</sup>

Gordons Plumbing Telephone 553-4723  
Plumbing Contractor's Company Name  
3849 Little Creech Church Rd. Clayton License # 19346  
Address

[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential  Other ( ) Not Required ( )  
Tatum Insulation Telephone 661-020999  
Insulation Contractor's Company Name & Address

Application # 0750016P24

**Sprinkler System Information - Commercial**

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

**Fire Alarm System Information - Commercial**

N/A  
 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 Hamett 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 Hamett County Central Permitting Department of any and all changes.

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

4/12/07  
Date

Application # 0750016821

**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: Darryl D. Evans Inc.

Sign/Title: *Darryl D. Evans* President

Date: 4-9-07

Plan Box Number B-1

Job Name DARRYL EVANS

Date: 4-12-07

Required Inspections for SFA/SFD

Appl. # 0750016824

Valuation \$125,916

Sq. Feet 1938

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		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit