

16807

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-4759

Application for Building and Trade Permit

Owner's Name: Bradley Built, Inc. Date: _____
Address: 466 Stancil Rd, Angier, NC 27501 Phone: (919) 639-2073
Directions to job site: to COMB, Ken 67 - R - 5715 Hayes - Sub on R
Subdivision: Hunters Point Lot: 12
Type Construction: (Please Check)
New Renovation Addition
Moved House Other
Building Use: (Please Check)
Residential Modular
Commercial Multi-Family
Description of Proposed Work: New House
Total Project Cost: 152,000.00

Building Permit Information

Heated 15'x8' Crawl Space
Unheated 4'x8' Slab
Building Construction Cost \$ 50,000.-
Acres Disturbed 0.20 Stories 1
Bradley Built, Inc. Address 466 STANCIL Rd, Angier, NC 27501
Building Contractor's Company Name
Signature of Officer(s) of Corporation [Signature] License # 54519 Telephone (919) 639-2073

Electrical Permit Information

Description of Work Residential Electrical Cost \$ 3,000.-
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead
Service Size: _____ Amps
Stancil & Owen Electrical, Inc. Address 466 Stancil Rd, Angier, NC 27501
Electrical Contractor's Company Name
Signature of Officer(s) of Corporation [Signature] License # 13075-L Telephone (919) 639-2073

Insulation Permit Information

Residential Other Not Required
Insulating, Inc. Address 1212 Home Ct, Raleigh, NC 27603
Insulation Contractor's Company Name
Telephone (919) 772-9000

Mechanical Permit Information

Description of Work Residential Number of Units _____ Type System _____ Mechanical Cost \$ 3,000.-
J.C.'s Heating & Airconditioning, Inc. Address 1539 Wade Stephenson Rd, Holly Springs, NC 27540
Mechanical Contractor's Company Name
Signature of Officer(s) of Corporation [Signature] License # 12655-H3 Telephone (919) 552-6258

Plumbing Permit Information

Description of Work Residential Number of Baths _____ Plumbing Cost \$ 3,000.-
Barnes Plumbing, Inc. Address PO Box 1207, Angier, NC 27501
Plumbing Contractor's Company Name
Signature of Officer(s) of Corporation [Signature] License # 17735 Telephone (919) 639-0935

Sprinkler System Information

Sprinkler Contractor's Company Name

Address

Contact Person

Telephone

License Number

N/A

Fire Alarm System Information

Alarm Contractor's Company Name

Address

Contact Person

Contact Person's Signature

License Number

Telephone

N/A

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 in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.


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

2-15-07
Date

Affidavit of Worker's Compensation Coverage
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 or more subcontractor(s) and has/have obtained workers' compensation insurance covering them.

_____ has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation 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 workers' 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: Bradley Built, Inc

By: [Signature]

Title: President

Date: 2-15-06

Plan Box Number AA-9

Job Name BRADLEY

Date: 2-15-07

Required Inspections for SFA/SFD

Appl. # ⁰⁷ 0650016827
Valuation \$136,441
Sq. Feet 2100

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

09/09/11

Change GC Cent. Only

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Application #

D750016827

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match.

Application for Residential Building and Trades Permit

Owner's Name _____ Date _____

Site Address _____ Phone _____

Directions to job site from Lillington _____

Subdivision _____ Lot _____

Description of Proposed Work _____ # of Bedrooms _____

Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Stancil Builders Inc *639-2073*
Building Contractor's Company Name Telephone

406 Stancil Rd Asheville
Address Email Address

34533
License #

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole _____ Yes _____ No

Electrical Contractor's Company Name Telephone

Address Email Address

License #

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name Telephone

Address Email Address

License #

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

License #

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone

*NOTE General Contractor must fill out and sign the second page of this application

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 that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors site plan number of bedrooms 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

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee is as per current fee schedule


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

Date 1/31/2012

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

The undersigned applicant 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 three (3) or more employees and has obtained workers compensation insurance to cover them

Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance covering themselves

Has no 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

Company or Name _____

Sign w/Title _____

Date 1/31/2012