

* 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 # 0750016844

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

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

Application for Building and Trade Permit

BU

Owner's Name: HEAVENLY HOMES-KEVIN R SWARTZ, Inc Date: 3-20-07

Address: P O Box 1088 Holly Springs NC 27540 Phone: 919 342 5134

Directions to job site from Lillington: 210 TOWARD AVONCIR TURN
Left on Harnett Central Rd. TURN RT INTO SUB

Subdivision: Brian Keith Meadows Lot: 20

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

Total Project Cost: 150000 Description of Proposed Work: NEW RESIDENCE

General Contractor Information

Heated SF Crawl Space () Building Construction Cost \$ 133600
Unheated SF Slab () Acres Disturbed .35 Stories 1 1/2

HEAVENLY HOMES KEVIN R SWARTZ Inc 919 342 5134
Building Contractor's Company Name Telephone

P O Box 1088 Holly Springs NC 27540 37499
Address License #

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

Electrical Permit Information

Description of Work New REST Electrical Cost \$ 5500
TS Pole: Yes (X) No () Underground (X) Overhead ()
Permanent Service: Underground (X) Overhead () Service Size: 200 Amps

DUPREE & WHALEY ELEC 919 965 3430
Electrical Contractor's Company Name Telephone

727 BERTIE HEIGHTS ROAD SELMA NC 27576 22893-L
Address License #

Christopher Whaley
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work R/C
Number of Units 2 Type System Heat Pump Mechanical Cost \$ 4500

BAR-CO MECH INC
Mechanical Contractor's Company Name Telephone

P.O. Box 65 F.V. NC 27526 18460
Address License #

Bar-CO Mech Inc
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Plumb 1 1/2 story, 2 Bath 13 Fixtures
Number of Baths 2 Plumbing Cost \$ 6400

WALSTON PLUMBING INC 919 212 6363
Plumbing Contractor's Company Name Telephone

515 S New Hope Rd STE 107 Raleigh NC 27610 24599
Address License #

Wallace Walston
Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

TRI-CITY 704 BUCKY CIR RALEIGH NC 27608 919 996 9684
Insulation Contractor's Company Name & Address Telephone

Commercial Jobs must fill out this portion
Sprinkler System Information

~ / A

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	

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

Homeowners Applying to Build Their Own Home

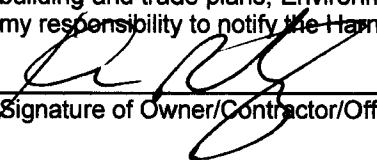
Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed? ___ yes ___ no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? ___ yes ___ no
3. Do you intend to directly control & supervise construction activities? ___ yes ___ no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? ___ yes ___ no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? ___ yes ___ no

Sign & date

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 Department of any and all changes.

	3-20-07
Signature of Owner/Contractor/Officer(s) of Corporation	Date

**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: HEAVENLY HOMES-KEVIN R SWARTZ INC

Sign/Title: Ken R Swartz Pres

Date: 3-20-07

Plan Box Number B-6

Job Name HEAVENLY HOMES

Date: 3-26-07

Required Inspections for SFA/SFD

Appl. # 075006844

Valuation \$154,503

Sq. Feet 2378

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

16844

3/30/07, 8:04:31

HARNETT COUNTY PUBLIC UTILITIES
CUSTOMER SERVICE APPLICATION

USER ID JDAVIS

NAME HEAVENLY HOMES
ADDRESS PO BOX 1088
HOLLY SPRINGS NC 27540

CUSTOMER ID 120497
OLD ACCOUNT NUMBER

EXEMPT TAX NO PENALTY NO
CASH ONLY NO

SERVICE ADDRESS CYCLE/ROUTE 01 10 LOCATION ID 86222
14 FARRAH SHEA WAY 04

INITIATION DATE 3/30/07
JURISDICTION HARNETT COUNTY CLASS RESIDENTIAL
INSIDE UNITS 1.00 SECTION NORTHEAST
SOCIAL SECURITY NUMBER DRIVERS LIC NUMBER
DOING BUSINESS AS
ALT CUSTOMER ID 2

WATER METERED METERED RATE
METER NUMBER BKM020 UNITS 1.00

SERVICE ORDERS

149071 TO TURN ON WA REQUEST DATE 3/30/07

MISC. INFORMATION

EMPLOYER SELF KEVIN R SWARTZ INC