

whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

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: Anderson Construction Inc. Date: \_\_\_\_\_  
Address: 6212 Rawls Church Rd., Fuquay-Varina NC 27526 Phone: 552-4158  
Directions to job site from Lillington: 401N, Turn Right into Mill Branch, take  
Second left on Robert Branch Circle, lot on Right  
Subdivision: Mill Branch Lot: 27

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 \_\_\_\_\_ Crawl Space () Building Construction Cost \$ \_\_\_\_\_  
Unheated SF \_\_\_\_\_ Slab ( ) Acres Disturbed \_\_\_\_\_ Stories 1.2  
Billings Construction, Inc. 919-795-9464  
Building Contractor's Company Name Telephone  
6294 Rawls Church Rd. Fuquay-Varina, NC 27526 54800  
Address License #  
William S. Billings

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

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes () No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground () Overhead ( ) Service Size: \_\_\_\_\_ Amps  
Travis Dawson Electric 919-201-3841  
Electrical Contractor's Company Name Telephone  
136 Thornburg Ln. Fuquay-Varina, NC 27526 25948-L  
Address License #  
Travis Dawson  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work \_\_\_\_\_  
Number of Units 2 Type System Heat Pump Mechanical Cost \$ \_\_\_\_\_  
Jernigan's HVAC 910-897-5217  
Mechanical Contractor's Company Name Telephone  
22 Hickory Tree Ln, Angier, NC 27501 19342  
Address License #  
Steve Jernigan  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
Straight Flush Plumbing, Inc. 910-893-3642  
Plumbing Contractor's Company Name Telephone  
978 Mitchell Rd. Lillington, NC 27546 D-123655  
Address License #  
Cheryl  
Signature of Officer(s) of Corporation

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

Insulation Inc. 772-9000  
Insulation Contractor's Company Name & Address Telephone



**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: Billings Construction Inc.

Sign/Title: William S. Billings, President

Date: 2-18-07

Plan Box Number F-3

Job Name BILLING CONST.

Date: 2-20-07

Required Inspections for SFA/SFD

Appl. # 0750016874  
Valuation \$128,319  
Sq. Feet 1975

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, 13:25:49

HARNETT COUNTY PUBLIC UTILITIES  
CUSTOMER SERVICE APPLICATION

USER ID JBROCK

NAME BILLINGS CONSTRUCTION INC  
ADDRESS 6294 RAWLS CHURCH RD  
FUQUAY VARINA NC 27526

CUSTOMER ID 83477  
OLD ACCOUNT NUMBER

EXEMPT TAX NO PENALTY NO  
CASH ONLY NO

SERVICE ADDRESS 205 MILL BRANCH CIR  
CYCLE/ROUTE 06 01  
LOCATION ID 84274  
08

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 NORTHWEST  
DRIVERS LIC NUMBER

WATER METERED METERED RATE  
METER NUMBER MB2027 UNITS 1.00

SERVICE ORDERS

147990 TO TURN ON

WA REQUEST DATE 3/16/07

MISC. INFORMATION

SS# 246474374  
DRV L # 8430984  
WORK PHONE 9199670438

16874