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

reprinament in Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit

	Date:
Owner's Name: Hinderson Construction Inc. Address: 6212 Rawls Church Rd., Fugury-K	rie NO 15th Phone: 552-4158
Directions to job site from Lillington: 40/ N , Turn Right	into Mill Branch take
Directions to job site from Lillington: 401 N. Turn Right Second Jeft on Robert Branch Circle,	lot on Right
Subdivision: Mill Branch	Lot: 27
Construction Type: (Please Check) <u>Building Use</u>	: (Please Check)
New Moved House Residenti	al Commercial
Renovation Addition Other Modular	Multi-Family
Total Project Cost:Description of Proposed Wor	
Heated SE Crawl Space (V Building Con	
Heated SFCrawl Space (*) Building Con Unheated SFSlab () Acres Disturb	struction Cost \$ ped Stories
Billings Construction, Inc. 9	19-766-0111
Building Contractor's Company Name Tele	7-775-776-7
670 If A well All Land of the	ATCAL CLD AS
6294 Rawls Church Ad. Fugury Varian, NC	<u> 34800 </u>
Million S. Billings	License #
Signature of Owner/Contractor/Officer(s) of Corporation - Musi	sign back of form & workers comp
Electrical Permit Info	rmation
Description of WorkElect TS Pole: Yes (No () Underground () Overheard (rical Cost \$
The state of the s	
Permanent Service: Underground (u) Overhead () Serv	ce Size:Amps
Travis Dawson Electric 919	-201-3841
Electrical Contractor's Company Name Telep	hone and a control of
136 Thornburg Ln. Fuguay-Varing, VC	27526 25948-6
Addicas 🗻 🕶	l icanea #
	License #
Transfaura	License #
Signature of Officer(s) of Corporation Mechanical Permit Inf Description of Work	<u>ormation</u>
Signature of Officer(s) of Corporation Mechanical Permit Inf Description of Work Number of Units Type System Heat Pump	ormation Mechanical Cost \$
Signature of Officer(s) of Corporation Mechanical Permit Inf Description of Work Number of Units 2 Type System Hat Pump Jernigan'S HVAC 91	ormation Mechanical Cost \$ 0-897-5217
Signature of Officer(s) of Corporation Mechanical Permit Inf Description of Work Number of Units 2 Type System Methanical Permit Inf Jernigan'S HVAC 91 Mechanical Contractor's Company Name Telep	Mechanical Cost \$ D-897-5217
Signature of Officer(s) of Corporation Mechanical Permit Inf Description of Work Number of Units 2 Type System Heat Pump Jernigan'S HVAC 9/1 Mechanical Contractor's Company Name Telepolarity 22 Hickory Tree Ln, Angier, NC 3750	ormation Mechanical Cost \$ 0-897-5217 hone
Signature of Officer(s) of Corporation Mechanical Permit Inf Description of Work Number of Units 2 Type System Hat Pump Jernigan'S HVAC 91	Mechanical Cost \$ D-897-5217
Signature of Officer(s) of Corporation Mechanical Permit Inf Description of Work Number of Units 2 Type System Heat Pump Jernigan'S HVAC 9/1 Mechanical Contractor's Company Name Telepolarity 22 Hickory Tree Ln, Angier, NC 3750	ormation Mechanical Cost \$ 0-897-5217 hone
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Signature of Officer(s) of Corporation Description of Work Number of Units	Mechanical Cost \$
Signature of Officer(s) of Corporation Description of Work Number of Units 2 Type System Heat Pump Jernigan's HVAC 9/1 Mechanical Contractor's Company Name Telep 22 Hickory Tree Ln, Angier, NC 2750/ Address Signature of Officer(s) of Corporation Plumbing Permit Info Description of Work Number of Baths Plumbing Inc. Plumbing Contractor's Company Name Telep 978 Mitchel Rd. Lillington NC 27546	Mechanical Cost \$
Signature of Officer(s) of Corporation Description of Work Number of Units	Mechanical Cost \$
Signature of Officer(s) of Corporation Description of Work Number of Units	Mechanical Cost \$
Signature of Officer(s) of Corporation Description of Work Number of Units 2 Type System Heat Pump Jernigan's HVAC 9/1 Mechanical Contractor's Company Name Telep 22 Hickory Tree Ln, Angier, NC 2750/ Address Signature of Officer(s) of Corporation Plumbing Permit Info Description of Work Number of Baths Plumbing Inc. Plumbing Contractor's Company Name Telep 978 Mitchel Rd. Lillington NC 27546	Mechanical Cost \$
Signature of Officer(s) of Corporation Description of Work Number of Units Jernigan's HVAL Mechanical Contractor's Company Name Telep Address Signature of Officer(s) of Corporation Plumbing Permit Info Description of Work Number of Baths Plumbing Contractor's Company Name Telep Plumbing Contractor's Company Name Telep Plumbing Contractor's Company Name Telep Te	Mechanical Cost \$

	bs must fill out this portion System Information		
Sprinkler Contractor's Company Name	Contact & Telephone	_	
Address	License #	_	
Signature of Officer(s) of Corporation Fire Alarm	n System Information		
Fire Alarm Contractor's Company Name	Contact & Telephone	_	
Address	License #	_	
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Tra	ansportation Driveway Access/Permit? Yes	No	
Please answer the following questions then see a Permit Questionnaire per G.S. 87-14 Regulations at 1. Do you own the land on which this but 2. Have you hired or intend to hire an incit the project? 3. Do you intend to directly control & sup 4. Do you intend to schedule, contract, 6 be done?	ilding will be constructed? yes dividual to superintend and manage con yes pervise construction activities? yes or directly pay for all phases of construction yes	no netruction of 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?			
Sign & date			
I hereby certify that I have the authority to make and that the construction will conform to the i Mechanical codes, and the Harnett County Zon contractors is correct as known to me and if <u>any</u> building and trade plans, Environmental Health p my responsibility to notify the Harnett County Ce	regulations in the Building, Electrical, Plumbi sing Ordinance. I state the information on the generation changes or proposed use changes, I ce	ing and above te plan, rtify it is	
Signature of Owner/Contractor/Officer(s) of Corp	poration Date		

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

The undersigned	ed applicant for Building Permit #	being the:
	_ General Contractor _ Owner	
	Officer/Agent of the Contractor or Owner	
Do hereby con the work set for	firm under penalties of perjury that the person(rth in the permit:	(s), firm(s) or corporation(s) performing
	Has/have three (3) or more employees and ha compensation insurance to cover them.	as/have obtained workers'
	 Has/have one (1) or more subcontractors(s) a compensation insurance to cover them. 	nd has/have obtained workers'
	 Has/have one (1) or more subcontractors(s) w workers' compensation insurance covering the 	tho has/have their own policy of emselves.
	_ Has/have not more than two (2) employees ar	nd no subcontractors.
Department iss insurance prior	on the project for which this permit is sought it is suing the permit may require certificates of to issuance of the permit and at any time durin ion carrying out the work.	coverage of worker's compensation
Firm Name:	illingo Construction Tre.	
Sign/Title:	Ilans, Billingo, Presider	1
Date: 2-18	-07	

Plan Box Number F-3

Job Name BIELING CONST.

Date: 2 - 20 - 0 7

Required Inspections for SFA/SFD

Appl. # 07500 16874 Valuation # 128,319 Sq. Feet 1975

Sequence

10	D. D. L
	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	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	R* Insulation
60	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	Envir. Operations Permit

HARNETT COUNTY PUBLIC UTILITIES
3/16/07, 13:25:49

CUSTOMER SERVICE APPLICATION

USER ID JBROCK

NAME BILLINGS CONSTRUCTION INC CUSTOMER ID 834
ADDRESS 6294 RAWLS CHURCH RD OLD ACCOUNT NUMBER
FUQUAY VARINA NC 27526

83477

EXEMPT TAX NO PENALTY NO

CASH ONLY NO

SERVICE ADDRESS CYCLE/ROUTE 06 01 LOCATION ID 84274

205 MILL BRANCH CIR

8.0

INITIATION DATE 3/16/07

JURISDICTION HARNETT COUNTY INSIDE

UNITS 1.00

CLASS RESIDENTIAL SECTION NORTHWEST

DRIVERS LIC NUMBER

SOCIAL SECURITY NUMBER

DOING BUSINESS AS ALT CUSTOMER ID 2

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

8430984

DRV L # WORK PHONE

9199670438