

\* 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 # \_\_\_\_\_  
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: Hampton Custom Builders Inc Date: 1-22-07  
Address: Lot 61 Ballard Phone: 919-524-2915  
Directions to job site from Lillington: 401 W from Lillington Take Right onto Ballard Take Right into Ballard Woods Subdivision  
Subdivision: Ballard Woods Lot: \_\_\_\_\_

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

Total Project Cost: 170,000 Description of Proposed Work: New Construction

**General Contractor Information**

Heated SF 2300 Crawl Space () Building Construction Cost \$ 170,000  
Unheated SF 570 Slab () Acres Disturbed 1/3 Stories 2  
Company Name: Hampton Custom Builders Inc Telephone: 919-524-2915  
Address: PO Box 655 Holly Springs NC License #: 57196  
Signature of Owner/Contractor/Officer(s) of Corporation: [Signature]

**Electrical Permit Information**

Description of Work: New Construction Electrical Cost \$ 10,000  
TS Pole: Yes () No () Underground () Overhead ()  
Permanent Service: Underground () Overhead () Service Size: 200 Amps  
Company Name: Eagle Electrical Services Telephone: 910-20980-3760  
Address: 7633 Sherrill Baggett Rd License #: 18800-L  
Signature of Officer(s) of Corporation: Edward A. Deamer

**Mechanical Permit Information**

Description of Work: New Construction HVAC  
Number of Units: 2 Type System: Electrical Mechanical Cost \$ 10,000  
Company Name: Air Control Telephone: 910-280-1209  
Address: 6623 Sherrill Baggett Rd License #: 21319  
Signature of Officer(s) of Corporation: [Signature]

**Plumbing Permit Information**

Description of Work: New Construction  
Number of Baths: 2.5 Plumbing Cost \$ 10,000  
Company Name: Wagner Plumbing Telephone: 07674  
Address: Box 494 License #: \_\_\_\_\_  
Signature of Officer(s) of Corporation: [Signature]

**Insulation Permit Information**

Residential () Other () Not Required ()  
Company Name: Insulating Inc Address: Raleigh Telephone: \_\_\_\_\_

**Sprinkler System Information**

\_\_\_\_\_  
Sprinkler Contractor's Company Name Telephone

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Fire Alarm System Information**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name Telephone

\_\_\_\_\_  
Contact Person

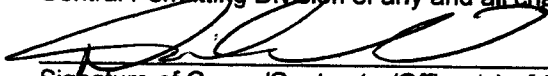
\_\_\_\_\_  
Address License #

\_\_\_\_\_  
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 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 Division of any and all changes.

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

1-22-07  
\_\_\_\_\_  
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: Hampton Custom Builders Inc

Sign/Title: [Signature] President

Date: 1-22-07

Plan Box Number F-6

Job Name Hampden Custom

Date: 2-20-07

Required Inspections for SFA/SFD

Appl. # 0750016881

Valuation \$175,294

Sq. Feet 2698 sq ft ← 396 sq ft  
REC NOT  
IN TOTAL

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 type="checkbox"/>	Four Trade Rough In
40	<input checked="" 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 type="checkbox"/>	Four Trade Final
60	<input checked="" 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

2/28/07, 15:46:57

HARNETT COUNTY PUBLIC UTILITIES  
CUSTOMER SERVICE APPLICATION

USER ID JBROCK

NAME HAMPTON CUSTOM BUILDERS INC  
ADDRESS PO BOX 655  
HOLLY SPRINGS NC 27540

CUSTOMER ID 103947  
OLD ACCOUNT NUMBER

EXEMPT TAX NO PENALTY NO  
CASH ONLY NO

SERVICE ADDRESS 748 RUTH CIR  
CYCLE/ROUTE 06 04  
LOCATION ID 83991  
08

INITIATION DATE 2/28/07  
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 BW3064 UNITS 1.00

SERVICE ORDERS

146737 TO TURN ON

WA REQUEST DATE 2/28/07