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

Application for Building and Trade Permit Address:		
Subdivision: Subdivision: Subdivision: Construction Type: (Please Check) New Agesidential Addition		
Subdivision: Drug (Please Check) New Aesidential Addition Modular Addition Modular Description of Proposed Work: Total Project Cost: Heated SF Crawl Space () Unheated SF Slap () Now Acres Disturbed Stories 179 Acres Disturbed Cost Stories 179 Acre		
Construction Type: (Please Check) New Renovation Addition Modular Addition Modular Addition Motive House Other Description of Proposed Work: Total Project Cost: Heated SF		
Construction Type: (Please Check) New Renovation Addition Modular Addition Modular Addition Motive House Other Description of Proposed Work: Total Project Cost: Heated SF		
Construction Type: (Please Check) New Renovation Addition Modular Addition Modular Addition Motive House Other Description of Proposed Work: Total Project Cost: Heated SF		
Renovation		
Renovation Addition Commercial Multi-Family		
Addition		
Moved House Other Description of Proposed Work: Total Project Cost: Building Permit Information		
Other Description of Proposed Work: Total Project Cost: Heated SF		
Building Permit Information Stories 1/2		
Heated SF		
Building Contractor's Company Name Description of Work No. O Underground to Overheard () Permanent Service: Underground () Overheard () Electrical Cost \$ 5000.00 Service Size: 800 \$ Amps Address		
Building Contractor's Company Name Description of Work No. O Underground to Overheard () Permanent Service: Underground () Overheard () Electrical Cost \$ 5000.00 Service Size: 800 \$ Amps Address		
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Address Signature of Officer(s) of Corporation Construction		
Signature of Officer(s) of Corporation Description of Work Construction Electrical Cost \$ 5000 Company Name Construction Electrical Cost \$ 5000 Company Name Construction Electrical Cost \$ 5000 Company Name Construction Company Name Construction Company Name Construction Constructio		
Signature of Officer(s) of Corporation Description of Work Construction Electrical Permit Information		
Signature of Officer(s) of Corporation Construction Electrical Cost 5000.00		
Electrical Permit Information TS Pole: Yes M No () Underground () Overheard () Permanent Service: Underground () Overheard () Electrical Gontractor's Company Name Light Contractor's Company Name Light Contractor's Company Name License # Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work Number of Units Type System Mechanical Cost \$ Lp. 0100.** Mechanical Contractor's Company Name Address Mechanical Contractor's Company Name Description of Work Number of Units Type System Mechanical Cost \$ Lp. 0100.** Telephone Telephone Diagram Accompany Name Address Mechanical Cost \$ Lp. 0100.** Telephone Diagram Accompany Name Diagram Accompany		
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Electrical Contractor's Company Name Let Value Rd Sand Rd No 1833 Address Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work Number of Units Let Du Dot Skatus Value Graph Rd		
Electrical Contractor's Company Name Li 19 Colie Rd Sansord NC 27332 License # Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work Dru Character Number of Units Type System Mechanical Cost \$ Le 000. ** Mechanical Contractor's Company Name 203 NLO Nove Rd Rauch 27410 Address* Signature of Officer(s) of Corporation License #		
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Mechanical Contractor's Company Name 203 NEW None Rol Ruleich 274/0 Address Signature of Officer(s) of Corporation Telephone License #		
Address Signature of Officer(s) of Corporation License #		
Signature of Officer(s) of Corporation		
Signature of Officer(s) of Corporation		
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- 14 Martin Allen		
Plumbing Permit Information ONSTRUCTION		
Description of violity		
Number of Baths 4 Plumbing Costs 4,500. 910-814-7705		
Telephane		
Plumbing Contractor's Company Name		
Address \(\sqrt{\lambda} \) \(\lambda \) \		
- Carrier Carrier		
Signature of Officer(s) of Corporation		
-		
Insulation Permit Information		
Residential W Other () Not Required ()		
Insulation Contractor's Company Name Address Telephone		

Sprinkler System Information

Sprinkler Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation Fire A	larm 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 Drivewa	y Access/Permit? Yes No
correct and that the construction will construction will construction will construct and management of the construction will construct and construct a	9-4-0/
Signature of Wwner/Contractor/Officer(s)	of Corboration

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

The undersigned	d applicant for Building Permit # 59452 being the:	
	Contractor	
	Owner Officer/Agent of the Contractor or Owner	
Do hereby cor performing the	nfirm under penalties of perjury that the person(s), firm(s) or corporation(s) 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:	Thomas Properties	
By/Title:	de owner	
Date:	1-4-07	

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Certification of Work Performed By Owner/Contractor

Owner (s) of Structure:	
Owner (s) Telephone:	
Owner (s) Mailing Address:	
Construction or Site Address:	
Directions to Job:	
Subdivision:	Lot #:
I JAMIE John	have provided or will provide the
	labor on this structure. I am the owner or hold a
_	license, which entitles me to perform such work on
the above structure legally. All wo	rk shall comply with the State Building Code and all
other applicable State & local laws,	ordinances and regulations.
Owner (s) signature:	~ .
	John Date:
Contractor's Name: Tamie Address: 1490 CL	Johnson Date:
	1649

Job Name T. + T. Plan Box Number B-1 Date: 9-5-07 ... Required Inspections for SFA/SFD Appl. # 0750016912 Valuation \$143,847 Sq. Feet 2214 Sequence R* Bldg. Footing 10 R* Elec. Temp Service Pole 10-30 R* Building Foundation 20 Address Confirmation 20 Open Floor 30-999 R* Bldg. Slab Insp. 30-999 R* Elec. Under Slab 30-999 R*Plumb. Under Slab 30-999 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 40 R* Insulation 50 Four Trade Final 60 Four Trade Final > 2500 60 Three Trade Final 60 Three Trade Final > 2500 60 Two Trade Final 60

60

60

60

999

Two Trade Final > 2500

One Trade Final > 2500

Envir. Operations Permit

One Trade Final