•		
* 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.	Seauel unfin App Harnett County Central Permittin PO Box 65 Lillington, NC 27546 Telephone Number 910-893-7525 www.harn Application for Building and Trade	nett.om
Owner's Name: Curings	s Land	
Address: 2818 Rulford		Date: 9776796
	gton: 27 W to Musery Rd.	Phone: <u>9/0 -48/-</u> 0503
DON Lement Black	7	DIA L. IVIA
Subdivision: Forest Oa		oaks 21
Construction Type: (Please Ch		_Lote26
New Moved Hou		Check) Commercial
Renovation Addition	OtherModular	Multi-Family
Total Project Cost: 125K	_Description of Proposed Work:	Const-Gindle Family
Heated SF 271 Crawl Space Unheated SF 6/0 Slab (*)	() General Contractor Informatio  Building Construction  Acres Disturbed	
Cariness Land Der		503
Building Contractor's Company	Name Telephone	
Address Address	2740 Fuy NC 28303	_ 37486
Address	, -	License #
Signature of Owner/Contractor//	Officer(s) of Corporation - Must sign back of	attention of
Description of Work MW (1) TS Pole: Yes X No () Under Permanent Service: Underground Filman S Electrical Contractor's Company HISWILLS RO TWO	erground () Overheard () nd X Overhead () Service Size:	September 4
Address		License #
July .		
signature of Officer(s) of Corpora	Affachaniaal Dawnie Later	
Description of Work New Um	M = = = = = = = = = = = = = = = = = = =	
Number of Units 1		inical Cost \$ 7000
Mechanical Contractor's Compar	48A-65	65
	NU 28309	15874
Andress / T		License #
my for		5.55.105 11
Signature of Officer(s) of Corpora		
Description of Work Number of Baths 717	Plumbing Permit Information Plumbing Cost	500N
Camben Plumbin	a 16557-150	
Plumbing Contractor's Company	Name Telephone	
Po Box 1359 FV Address	NC 27526	18903
Address // C. A		License #
Signature of Officer(s) of Corpora	tion	
Insulation Perm	it Information Residential () Other	() Not Required ()
Comberland Inco	latin	18A-7118
Insulation Contractor's Company i		Telephone
	Dona 1 of 2	

Application # 07-500 - 16925

## Sprinkler System Information - Commercial

Sprinkler Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation Fire Alarm System	m Information - Commercial
Fire Alarm Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation	
<u>Dri</u>	veway Access
NC Department of Transportation Driveway Acces	ss/Permit? Yes No
and that the construction will conform to the re Mechanical codes, and the Harnett County Zonii contractors is correct as known to me and if <u>any</u> of building and trade plans, Environmental Health pe	necessary application, that the application is correct egulations in the Building, Electrical, Plumbing and ing Ordinance. I state the information on the above changes occur including listed contractors, site plant ermit changes or proposed use changes, I certify it is tral Permitting Department of any and all changes.
Signature of Owner/Contractor/Officer(s) of Corpo	ration Date

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

The undersigne	d applicant for Building Permit #	being the:	
	General Contractor Owner		
**************************************	Officer/Agent of the Contractor or Owner		
Do hereby confi the work set fort	irm under penalties of perjury that the person(s), firm h in the permit:	n(s) or corporation(s) performing	
	Has/have three (3) or more employees and has/have compensation insurance to cover them.	e obtained workers'	
	Has/have one (1) or more subcontractors(s) and has compensation insurance to cover them.	have obtained workers'	
	Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.		
<u> </u>	Has/have not more than two (2) employees and no s	ubcontractors.	
Department issuinsurance prior t	n the project for which this permit is sought it is under uing the permit may require certificates of cover o issuance of the permit and at any time during the permit at any time during the permit and at any time during the permit and at any time during the permit at any time during the permit at any time during the permit at any time at any time during the permit at any time during the permit at any time a	age of worker's compensation	
Firm Name:	AVINES LAND DEV.		
Sign/Title: h	Preerdent		
Date: Zom	gr or		

Plan Box Number AA - 14

Job Name CAVINESS

Date: 3 - 2/-0

Required Inspections for SFA/SFD

Appl. # 0750016925 Valuation # 198, 082 Sq. Feet 2931

## Sequence

and the same of th	
10	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
	*