* Each section below to be filled cut by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 0750016990

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

24	
Owner's Name: Michael Shrows	Date: 93000
	Sies NC 77501 Phone: 9/9 868 200
Directions to job site from Lillington: 401	, KT or Francis Church Se
on aguellan floor	Dr. 1t on Granaus Bidge La
Subdivision: Wyullan Have	Lot:
Construction Type: (Please Check)	Building Use: (Please Check) V Residential Commercial
KNew Moved House Renovation Addition Other	Residential Commercial Modular Multi-Family
Total Project Cost: 210000 Description of F	N
Heated SF 2200 Crawl Space (c)	Building Construction Cost \$ 180000
Unheated SF (Slab ()	Acres Disturbed
Michael Shrieves	919 868 7003
Building Contractor's Company Name	Telephone
844 Civela De	License #
Address	
Signature of Owner/Contractor/Officer(s) of Cor	poration — Must sign back of form & workers comp cal Permit Information
Description of Work 14 W	Electrical Cost \$
TO Dala: Vac K) No () I'Inderground ()	Overhead () ead () Service Size: 200 Amps
Permanent Service: Underground Overhe	ead () Service Size
Electrical Contractor's Company Name	919 545-9673 Telephone
104 cool Shortow Lu Piff	
Address &	License #
Mercan	
Signature of Officer(s) of Corporation	
•	ical Permit Information
	Weal Roma Mechanical Cost \$ 7400
Doke's Heating + Hea	919-779-0498
Mechanical Contractor's Company Name	Telephone
7429, Old Baucom Kd	Raleigh 1/2 27610 22029
Address	C License #
The When John	-
Signature of Officer(s) of Corporation Plumb	ing Permit Information
Description of Work	
Number of Baths 2.5	Plumbling Cost #
Will Blembry	
Plumbing Contractor's Company Name	r M 27501 14087
Address	License #
Signature of Officer(s) of Corporation	•
Insulation Permit Information	n Residential () Other () Not Required
/ri- (it Lasslation)	FAC.
Insulation Contractor Company Name & Add	ress Telephone

	Application #	07500	16	490
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Commercial Jobs m Sprinkler Sys	ust fill out this portion tem Information				
Sprinkler Contractor's Company Name	Contact & Telephone	_			
Address	License #				
Signature of Officer(s) of Corporation Fire Alarm Sy	stem Information				
Fire Alarm Contractor's Company Name	Contact & Telephone	_			
Address	License #	-			
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit? Yes No					
Homeowners Anniving	to Build Their Own Home				
Please answer the following questions then see a Permit Techn	ician to determine if you qualify for permit under Own				
Questionnaire per G.S. 87-14 Regulations as to					
1. Do you own the land on which this buildin	g will be constructed? yes	no			
2. Have you hired or intend to hire an individual the project?	lual to superintend and manage con yes	struction of			
3. Do you intend to directly control & superv	ise construction activities? yes	no			
4. Do you intend to schedule, contract, or di be done?	rectly pay for all phases of construct	tion work to			
5. Do you intend to personally occupy the bit following completion of construction and do you creates the presumption under law that you	you understand that if you do not do	onths so, it			
creates the presumption under law that you	yes	no			
Sign & date	· · · · · · · · · · · · · · · · · · ·				
I hereby certify that I have the authority to make negated and that the construction will conform to the regul Mechanical codes, and the Harnett County Zoning contractors is correct as known to me and if any chabuilding and trade plans, Environmental Health perm my responsibility to notify the Harnett County Central	ations in the Building, Electrical, Plumbir Ordinance. I state the information on the inges occur including listed contractors, sit it changes or proposed use changes, I cen	ng and above e plan, tify it is			

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

The undersigned applicant fo	or Building Permit # <u>0752016390</u> being the:
General Co Owner Officer/Age	ntractor nt of the Contractor or Owner
Do hereby confirm under potthe work set forth in the perf	enalties of perjury that the person(s), firm(s) or corporation(s) performing nit:
Has/have compensa	three (3) or more employees and has/have obtained workers' tion insurance to cover them.
Has/have compensa	one (1) or more subcontractors(s) and has/have obtained workers' tion insurance to cover them.
Has/have workers' c	one (1) or more subcontractors(s) who has/have their own policy of ompensation insurance covering themselves.
Has/have	not more than two (2) employees and no subcontractors.
m	ct for which this permit is sought it is understood that the Central Permitting permit may require certificates of coverage of worker's compensation of the permit and at any time during the permitted work from any person, out the work.
Firm Name: Sign/Title:	VS
Date: 9 Jun 0	7

Plan Box Number E-3

Job Name SHREVES

Date: 3-1-07

Required Inspections for SFA/SFD

Appl. # 0750016990 Valuation # 142,679 Sq. Feet 2196

Sequence

10	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation
20	Address Confirmation
20	
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
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