

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

Application # 07-50016994
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: RAYNOR BUILDERS INC. Date: 6-22-08

Address: 360 N RALEIGH ST ANGIER N.C. 27501 Phone: 639-3012

Directions to job site from Lillington: 401 N 7 mile T-L on Chalybeate
Sub 1/2 mile on left.

Subdivision: DEXTERFIELD Lot: 52

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

Total Project Cost: 140,000⁰⁰ Description of Proposed Work: SFD

General Contractor Information

Heated SF 1700 Crawl Space Building Construction Cost \$ _____
Unheated SF 850 Slab () Acres Disturbed _____ Stories 1 1/2

RAYNOR BUILDERS INC. Telephone 639-3012
Building Contractor's Company Name

301 N RALEIGH ST. ANGIER NC. 27501 License # 40079
Address

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

Electrical Permit Information

Description of Work _____ Electrical Cost \$ 6,000⁰⁰
TS Pole: Yes No () Underground Overhead ()

Permanent Service: Underground Overhead () Service Size: 200 Amps
Mabrys Electrical Service Telephone 639-4837

Electrical Contractor's Company Name
Angier N.C. Address 150777 L

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Number of Units 2 Type System SPLIT Mechanical Cost \$ 4,000⁰⁰

JCS HEATING & A/C Telephone 557-3053
Mechanical Contractor's Company Name

Holly Springs N.C. Address 12655 H-3

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____
Number of Baths 2 Plumbing Cost \$ 5,000⁰⁰

BARNES PLUMBING Telephone 639-3401
Plumbing Contractor's Company Name

Angier N.C. Address 17735

Signature of Officer(s) of Corporation

Insulation Permit Information

Residential Other () Not Required ()
Jatum INSULATION Address GARNER N.C.

Insulation Contractor's Company Name 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

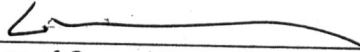
License #

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 Department of any and all changes.



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

6-22-08

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: RAYNOC BUILDERS INC.

Sign/Title: OWNER 

Date: _____

Plan Box Number G-2

Job Name RAYNOR

Date: 6-23-05

Required Inspections for SFA/SFD

(07)

Appl. # 0750016994

Valuation 134,166

Sq. Feet 2065

Sequence

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