

* 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 # 07-50017009
lot # 43
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: Bradley Built, Inc. Date: 3-9-07
Address: 466 STANL RD ANGLIER NC Phone: 639-2073
Directions to job site from Lillington: Hwy 27 to Coats, left on 55
 towards Angier, right on Silas Hayes Rd, 3rd on right
Subdivision: Hunters Point Lot: 43

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

Total Project Cost: 150,000.00 Description of Proposed Work: NEW HOME

Heated SF 2000 Crawl Space
Unheated SF 200 Slab
General Contractor Information
Building Construction Cost \$ 150,000.00
Acres Disturbed .06 Stories 1.5
Bradley Built, Inc. 919 639 2073
Building Contractor's Company Name Telephone

466 STANL RD ANGLIER 54519
Address License #
Bradley Built
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Description of Work RES. **Electrical Permit Information**
Electrical Cost \$ 4000.00
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead Service Size: 200 Amps
STANL & OWEN ELEC. 919-639-2073
Electrical Contractor's Company Name Telephone

466 STANL RD ANGLIER 13075-L
Address License #
Bradley Built
Signature of Officer(s) of Corporation

Description of Work RES **Mechanical Permit Information**
Number of Units 2 Type System 13 SER Mechanical Cost \$ 6000.00
J.C.'S HEATING & AC 552-6258
Mechanical Contractor's Company Name Telephone

1539 WADE-STEPHENSON RD HOLLY SPRINGS 12655-143
Address License #
Wade-Stephenson
Signature of Officer(s) of Corporation

Description of Work RES **Plumbing Permit Information**
Number of Baths 2.5 Plumbing Cost \$ 8000.00
BARNE PLUMB. INC. 639-0935
Plumbing Contractor's Company Name Telephone

P.O. Box 12017 ANGLIER P17735
Address License #
James Barne
Signature of Officer(s) of Corporation

Insulation Permit Information Residential Other Not Required
INSULATION INC. 1212 HOME CT RALEIGH 772-9000
Insulation Contractor's Company Name & Address Telephone

Sprinkler System Information - Commercial

_____ Sprinkler Contractor's Company Name	_____ Telephone
_____ Contact Person	_____
_____ Address	_____ License #
_____ Signature of Officer(s) of Corporation	

Fire Alarm System Information - Commercial

_____ 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	_____ Date
--	---------------

Application # _____

**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: Bradley Built, Inc.
Sign/Title: Owner [Signature]
Date: 3-12-07

Plan Box Number AA-9

Job Name BRADLEY BUILT

Date: 3-13-07

Required Inspections for SFA/SFD

Appl. # 07 50017009

Valuation \$ 129,034

Sq. Feet 1986

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		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit