\* 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

section below to be filled out by  Application # 07 - 5061 70 (/
ver performing work. Must be owner sed contractor. Address, company po Box 65 Lillington, NC 27546 A phone must match information on Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit
Owner's Name: Brodley Built, Toc. Date: 3-9-07-
Address: 466 STANCK RD ANGIER NC Phone: 639-2073
Directions to job site from Lillington: Hwy of to Coots, 164 on 55
towards Angier, right Sivas Hayes Rd, SID on right
Subdivision: Hunkes Point Lot: 44
Construction Type: (Please Check)  Building Use: (Please Check)
✓ New Moved House Residential Commercial Renovation Addition Other Modular Multi-Family
Total Project Cost: 156,000,000 Description of Proposed Work: WEW HOME
Heated SF 7000 Crawl Space (V Building Construction Cost \$ 150)000,
Unheated SF 922 Slab () Acres Disturbed _ 06 _ Stories _ 1.5
Bradley-Built, Inc. 919 639 2073
Building Contractor's Company Name  Telephone
466 STANLL PD ANNIER 54519 Address License#
Address License #
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, 000
TS Pole: Yes ( No ( ) Underground ( Overheard ( )
Permanent Service: Underground ( ) Overhead ( ) Service Size: 200 Amps
STAMIL & DINER ELEC. 919-639-2073
Electrical Contractor's Company Name Telephone
466 STAMEL RB ANGUER 13075-L Address License #
Address License #
Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work RES  Number of Units Type System 13 SER Mechanical Cost \$ 6000.00
J.C. 15 HEATING & AC 552 - 6758
Mechanical Contractor's Company Name Telephone
1539 WHOLE-STEPHERSON RD HOLLY SDRING 17655-143
Andress License #
( was and
Signature of Officer(s) of Corporation  Plumbing Permit Information
Description of Work 1265
Number of Baths 715 Plumbing Cost \$ 8000, 9
BARNE PLMG. INC. 639-6935  Plumbing Contractor's Company Name Telephone
PO. BOX 1207 ANGIER P17735
Address License #
Lavet and
Signature of Officer(s) of Corporation
Insulation Permit Information Residential (Y Other () Not Required ()  FNSULMING INC. 1212 Home CT RALPORT 772 - 9000
Insulation Contractor's Company Name & Address  The Property Company Name & Address  Telephone
mananan aanmada a aamkanii raama a madaada — — — — — — — — — — — — — — — — —

Application #					
Sprinkle	er 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 Drivev	vay Access/Permit? Yes No				
and that the construction will conform Mechanical codes, and the Harnett Co-contractors is correct as known to me a building and trade plans. Environmental	to make necessary application, that the application is correct to the regulations in the Building, Electrical, Plumbing and unty Zoning Ordinance. I state the information on the above and if <u>any</u> changes occur including listed contractors, site plan, I Health permit changes or proposed use changes, I certify it is punty Central Permitting Department of any and all changes.				
Make	3-12-07				
Signature of Owner/Contractor/Officer(s	) of Corporation Date				

Αp	plication	#

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

The undersigned	d applicant for Building Permit #	being the:
	General Contractor Owner Officer/Agent of the Contractor or Owner	
Do hereby confi the work set forth	irm under penalties of perjury that the person(s), firm(s) h in the permit:	or corporation(s) performing
×	Has/have three (3) or more employees and has/have ob compensation insurance to cover them.	tained workers'
	Has/have one (1) or more subcontractors(s) and has/have compensation insurance to cover them.	ve obtained workers'
X	Has/have one (1) or more subcontractors(s) who has/ha workers' compensation insurance covering themselves.	ive their own policy of
	Has/have not more than two (2) employees and no subo	contractors.
Department iss insurance prior	on the project for which this permit is sought it is understood to guing the permit may require certificates of coverage to issuance of the permit and at any time during the permit on carrying out the work.	e of worker's compensation
Firm Name:	Bradley Built, Inc.	
Sign/Title:	anon Partil	
Date: 3-/	2.07	

Plan Box Number AA-9

Job Name BRADLEY BUILT.

Date: 3 - 13 - 07

Required Inspections for SFA/SFD

Appl. # 0750017011Valuation # 136, 441Sq. Feet 2100

## 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
	<del>-</del>