

17074

**Application for Building and Trade Permit**

Owner's Name: Hamilton Builders Date: 4-9-07  
Address: 286 Pine St East Lillington Phone: 893-8427  
Directions to job site: LAKE AVE AND 421 TOWARD MARCUS About 3 miles  
Be T.L. onto Area D.C. Lot 3 down on left.

Subdivision: Ross McRae Bras Sp Lot: 3

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

Description of Proposed Work: Constructatew Resid.  
Total Project Cost: 305000

**Building Permit Information**

Heated SF 2388 Crawl Space   
Unheated SF 561 Slab ( )  
Hamilton Builders  
Building Contractor's Company Name  
286 Pine St E Lillington NC  
Address  
Jerry Hamilton  
Signature of Officer(s) of Corporation  
Building Construction Cost \$ 275,000  
Acres Disturbed 1/3 Stories 1  
893-8427  
Telephone  
14533  
License #

**Electrical Permit Information**

Description of Work New Service Electrical Cost \$ 6500  
TS Pole: Yes ( ) No ( ) Underground  Overhead ( )  
Permanent Service: Underground  Overhead ( ) Service Size: 200 Amps  
Patrick & Burgess Electric  
Electrical Contractor's Company Name  
1309 N. Main St. Lillington NC  
Address  
Tom Patrick  
Signature of Officer(s) of Corporation  
Telephone 893-5774  
License # 49100

**Mechanical Permit Information**

Description of Work New Heat Pump Mechanical Cost \$ 7000  
Number of Units 1 Type System H.P.  
Erwin Erwin  
Mechanical Contractor's Company Name  
1983 Old Stage Rd. Erwin  
Address  
Erwin Erwin  
Signature of Officer(s) of Corporation  
Telephone 897-1853  
License # H3 17615

**Plumbing Permit Information**

Description of Work Plumb New House Plumbing Cost \$ 5200  
Number of Baths 2 1/2  
Wanda Plumber  
Plumbing Contractor's Company Name  
Box 999 Marcus, NC 27551  
Address  
Wanda  
Signature of Officer(s) of Corporation  
Telephone 710-893-3050  
License # 07694

**Insulation Permit Information**

Residential ( ) Other ( ) Not Required ( )  
Insulation Inc.  
Insulation Contractor's Company Name  
GARNER NC  
Address  
772-5313  
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

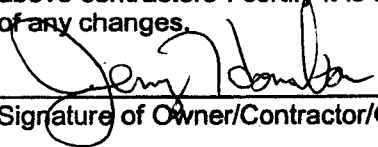
\_\_\_\_\_  
License #

\_\_\_\_\_  
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 in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

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

4-9-07  
\_\_\_\_\_  
Date

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

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

- 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: Jerry Hamilton Builders

By/Title: Jerry Hamilton Pres.

Date: 4-9-07

Plan Box Number B-7

Job Name HamLinton

Date: 4-10-07

Required Inspections for SFA/SFD

Appl. # 0750017074

Valuation \$ 183,805

Sq. Feet 2829

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	<input type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input type="checkbox"/>	R*Plumb. Under Slab
40	<input type="checkbox"/>	Four Trade Rough In
40	<input checked="" type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input type="checkbox"/>	Four Trade Final
60	<input checked="" type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit