

* 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 # 0750017090

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: DIVERSIFIED CONTRACTING INC Date: _____
 Address: 108-F WOODWINDS INDUSTRIAL CT, CARY NC 27511 Phone: (919) 460-4490
 Directions to job site from Lillington: US 401 N., LEFT ON MARSHALL RAWLS RD TO PINNEY-GROVE-WILSON RD, LEFT ON NC 42, TURN LEFT AT COKEBURY RD, RIGHT ON COKEBURY PARK LANE
 Subdivision: COKEBURY PARK Lot 63

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

Total Project Cost: 153,510.- Description of Proposed Work: GENERAL CONSTRUCTION

General Contractor Information

Heated SF 1505 Crawl Space Building Construction Cost \$ 136,714
 Unheated SF 720 Slab () Acres Disturbed _____ Stories 2

DIVERSIFIED CONTRACTING INC (919) 460-4490
 Building Contractor's Company Name Telephone
108-F WOODWINDS INDUSTRIAL CT, CARY, NC, 27511 35768
 Address License #

Raphael G. Fear
 Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information

Description of Work RES. ELEC. SYSTEM Electrical Cost \$ 4952.-
 TS Pole: Yes No () Underground Overhead ()
 Permanent Service: Underground Overhead () Service Size: 200 Amps

GILVIE ENTERPRISE, INC (919) 427-8009
 Electrical Contractor's Company Name Telephone
7736 BLANEY FRANKS RD, APEX, NC, 27502 17046-L
 Address License #

Ronald Ogden
 Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work RES. HEATING, COOLING, VENTILATION SYSTEM
 Number of Units 1 Type System GAS Mechanical Cost \$ 5044.-

ADVANTAGE COOLING & HEATING INC (919) 231-7793
 Mechanical Contractor's Company Name Telephone
155 3434-135 KILDATRE FARM RD, CARY NC 27511 23422 H.2, H.3(C)
 Address License #

Keith Williams
 Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work RES. WATER SUPPLY & WASTE SYSTEM.
 Number of Baths 2 1/2 Plumbing Cost \$ 6,800.-

PLB & MECH. CORP OF NC, INC (919) 542-2755
 Plumbing Contractor's Company Name Telephone
483 BROADLEAF CT, CHAPEL HILL NC 27517 22186
 Address License #

[Signature]
 Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

TRI CITY TRIANGLE INSULATION INC
 Insulation Contractor's Company Name & Address Telephone

Commercial Jobs must fill out this portion
Sprinkler System Information

NA
Sprinkler Contractor's Company Name

Contact & Telephone

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

NA
Fire Alarm Contractor's Company Name

Contact & Telephone

Address

License #

Signature of Officer(s) of Corporation

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed? ___ yes ___ no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? ___ yes ___ no
3. Do you intend to directly control & supervise construction activities? ___ yes ___ no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? ___ yes ___ no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? ___ yes ___ no

Sign & date

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.

Raymond G. Fleg
Signature of Owner/Contractor/Officer(s) of Corporation

3.14.07
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: DIVERSIFIED CONTRACTING INC

Sign/Title: [Signature] G. Fegan PRESIDENT

Date: 3.14.07

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID CC DIVER-3	DATE (MM/DD/YYYY) 03/14/07
PRODUCER TriSure Corporation-TR 4325 Lake Boone Trail Suite 200 Raleigh NC 27607 Phone: 919-469-2473 Fax: 919-467-4987		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Diversified Contracting, Inc. 108-F Woodwinds Industrial Ct. Cary NC 27511		INSURERS AFFORDING COVERAGE	
		INSURER A: The Cincinnati Insurance Co.	
		INSURER B: Cincinnati Casualty Co.	
		INSURER C:	
		INSURER D:	
		NAIC # 28665	

COVERAGES
 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CPP 068 43 04	07/27/06	07/27/07	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
A	AUTOMOBILE LIABILITY	CPP 068 43 04	07/27/06	07/27/07	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC896530408	07/27/06	07/27/07	<input checked="" type="checkbox"/> WC STATE/TERRITORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 100,000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER <div style="text-align: right;">HAR65XX</div> <p>Harnett County Central Permitting P O Box 65 Lillington NC 27546</p>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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Plan Box Number H-7

Job Name DIVERSIFIED CONTRACTING

Date: 3-15-07

Required Inspections for SFA/SFD

Appl. # 0750017090

Valuation \$144,562

Sq. Feet 2225

Sequence

10	<u>✓</u>	R* Bldg. Footing
10-30	<u>✓</u>	R* Elec. Temp Service Pole
20	<u>✓</u>	R* Building Foundation
20	<u>✓</u>	Address Confirmation
30-999	<u>✓</u>	Open Floor
30-999	<u>✓</u>	R* Bldg. Slab Insp.
30-999	<u>✓</u>	R* Elec. Under Slab
30-999	<u>✓</u>	R* Plumb. Under Slab
40	<u>✓</u>	Four Trade Rough In
40	<u>✓</u>	Four Trade Rough In > 2500
40	<u>✓</u>	Three Trade Rough In
40	<u>✓</u>	Three Trade Rough In > 2500
40	<u>✓</u>	Two Trade Rough In
40	<u>✓</u>	Two Trade Rough In > 2500
40	<u>✓</u>	One Trade Rough In
40	<u>✓</u>	One Trade Rough In > 2500
50	<u>✓</u>	R* Insulation
60	<u>✓</u>	Four Trade Final
60	<u>✓</u>	Four Trade Final > 2500
60	<u>✓</u>	Three Trade Final
60	<u>✓</u>	Three Trade Final > 2500
60	<u>✓</u>	Two Trade Final
60	<u>✓</u>	Two Trade Final > 2500
60	<u>✓</u>	One Trade Final
60	<u>✓</u>	One Trade Final > 2500
999	<u>✓</u>	Envir. Operations Permit