* 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.	Harnett County Central F PO Box 65 Lillington, NC Telephone Number 910-893-7525 Application for Building and	Permitting 27546 www.harnett.org	0750017099
Owner's Name: Sky Hv Address: 1031, AHVins k	h Duxlipment		907
	(, frigg, Vaina, NC 275)	Phone: 47	9-639-4039 919-
Directions to job site from Lilling	iblivisin an deright	Mys. Lett on	<u> </u>
	Aliadius	Lot:	
Construction Type: (Please Ch ✓ New Moved Hou Renovation Addition			
Total Project Cost: 190,000	_Description of Proposed Work:	New Vesidenth	Shuthre
Heated SF 25 Crawl Space Unheated SFSlab ()	General Contractor Info Building Const Acres Disturbe	ruction Cost \$	ies 2
Building Contractor's Company	Name Teleph	919-639-4031 91	9-427-1625
121 /11/2 11 /	wavy - Vinny, NC 27521		59937 icense #
Signature of Owner/Contractor/	Officer(s) of Corporation – Must si	n back of form & workers o	comp
Description of Work 185 denty	Suite No Mosco Electric	nation a 6,000	
TS Pole: Yes () No () Under Permanent Service: Undergrou	nd (X) Overhead () Service	Size: 200 April 240	vilt's Amps
Electrical Contractor's Company	$\frac{Q}{\text{Name}}$ Telepho	19-639-0483	
12 Brook Neal C		ane a	2934-1.
Address (nutch (Rick Cratch)	Li	cense #
Signature of Officer(s) of Corpor			
Description of Work	Mechanical Permit Infor	<u>mation</u> アレゲートケインダン	
Number of Units 2	Type System Heat pump	Mechanical Cost \$_	- •
Mechanical Contractor's Compa	Michanical Ry Name	919-557-31 Telephone	154
100 100 3 6	1944 - VATINA, NC 27524		2460
Address Dardin Marell	Bardan Arnold		icense #
Signature of Officer(s) of Corpora	ation Plumbing Permit Inform	ation	
Description of Work Number of Baths 3	by service to new house		
(11) 10, 10,	Plumbin	g Cost \$ 7,500	· · · · · · · · · · · · · · · · · · ·
Plumbing Contractor's Company	Name W Month	<u>. 919-639-01</u> Telephone	15
Chalybeate Springs Rd	Mg/4 NL 2751		1087
Address		Li	cense #

Signature of Officer(s) of Corporation

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

Insulation Contractor's Company Name & Address

Page 1 of 3

Not Required W

G19-6-19-6-746

Telephone

1/07

Application #	/)1	5	001	1	09	9	

ust fill out this portion em Information	
Contact & Telephone	_
License #	_
tem Information	
Contact & Telephone	_
License #	_
ation Driveway Access/Permit? Yes	No
D Build Their Own Home an to determine if you qualify for permit under Owne	rs Exemption.
al to superintend and manage cons yes	struction of
construction activities? yes	no
ctly pay for all phases of construction	on work to
ding for at least 12 consecutive mo uunderstand that if you do not do s udulently secured the permit?	nths so, it
yes	no
sary application, that the application is come in the Building, Electrical, Plumbing inance. I state the information on the also occur including listed contractors, site panges or proposed use changes, I certify mitting Department of any and all change	and bove plan, / it is
	Contact & Telephone License # Contact & Telephone Contact & Telephone License # Contact & Telephone Contact & Telephone License # Contact & Telephone License # Contact & Telephone Contact & Telephone License # Contact & Telephone Contact & Telephone And Home And Home

Application # 0750017099

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 Ow		-
	Officer/Agent of the Contractor of Ow	ner	
Do hereby confi the work set fort	rm under penalties of perjury that the h in the permit:	e person(s), firm(s)	or corporation(s) performing
	Has/have three (3) or more employed compensation insurance to cover the	es and has/have ob m.	otained workers'
	Has/have one (1) or more subcontract compensation insurance to cover the	ctors(s) and has/ha m.	ve obtained workers'
	Has/have one (1) or more subcontract workers' compensation insurance coverage.	ctors(s) who has/havering themselves.	ve their own policy of
	Has/have not more than two (2) empl	oyees and no subo	contractors.
insurance prior to	n the project for which this permit is so iing the permit may require certific o issuance of the permit and at any ti n carrying out the work.	ates of coverage	of worker's compensation
Firm Name:	Sky High Development,	Inc	
Sign/Title:	Tim president	Direll	
Date:	1907		

Plan Box Number <u>E-2</u>

Job Name SKY HIGH Devel.

Date: 3-19-07

Required Inspections for SFA/SFD

Appl. # 0750017099 Valuation # 171, 980 Sq. Feet 2647

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	
60	Three Trade Final > 2500 Two Trade Final
60	
60	Two Trade Final > 2500
60	One Trade Final
999	One Trade Final > 2500
	Envir. Operations Permit