

* 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 # 17103

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: WOODWAY BUILDERS CORP. Date: _____

Address: 4109 OLDE WAVERLY WAY, FUQUAY VARINA NC Phone: 919 796 1123

Directions to job site from Lillington: TRL TOWARD ERWIN ON 421. NORTH ON NC55.

3 MILE NORTH OF COATS TAKE R. ONTO SILAS HAYES Rd. 2ND ENTRANCE ON RIGHT.

Subdivision: HUNTERS POINT (2ND ENTRANCE) Lot: 20

Construction Type: (Please Check)

New Moved House
 Renovation Addition Other

Building Use: (Please Check)

Residential Commercial
 Modular Multi-Family

Total Project Cost: 139 000 Description of Proposed Work: NEW CONSTRUCTION

General Contractor Information

Heated SF _____ Crawl Space ()
Unheated SF _____ Slab ()

Building Construction Cost \$ 110000
Acres Disturbed .468 Stories 1

MICHAEL W. HILL 919 796 1123
Building Contractor's Company Name Telephone

4109 OLDE WAVERLY WAY FUQUAY VARINA NC 42448
Address License #
27526

Michael W. Hill
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp

Electrical Permit Information

Description of Work NEW CONSTRUCTION Electrical Cost \$ 3800.00

TS Pole: Yes (X) No () Underground (X) Overhead ()

Permanent Service: Underground (X) Overhead () Service Size: 200 Amps

SOUTHERN WAKE ELECTRIC 919 669 2711
Electrical Contractor's Company Name Telephone

PO Box 754 APEX NC 27502 6202-L
Address License #

N. G. Eason
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work NEW CONSTRUCTION
Number of Units 1 Type System HEAT PUMP Mechanical Cost \$ 4200.00

HVAC SPECIALIST 919 552 9549
Mechanical Contractor's Company Name Telephone

5843 COKESBURY Rd. FUQUAY VARINA NC 2235
Address License #
27526

Tom J. Anderson
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work NEW CONSTRUCTION
Number of Baths 2 Plumbing Cost \$ 5500.00

OWENS PLUMBING 919 639 4215
Plumbing Contractor's Company Name Telephone

4621 PINEY GROVE Rd ANGIER NC 13295
Address License #
27501

[Signature]
Signature of Officer(s) of Corporation

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

TRI-CITY INSUL & BLDG PROD 418 PERSON ST FAYETTEVILLE NC
Insulation Contractor's Company Name & Address Telephone

Commercial Jobs must fill out this portion
Sprinkler System Information

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

Fire Alarm System Information

_____ 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.

_____ Signature of Owner/Contractor/Officer(s) of Corporation	_____ Date 4/1/07
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**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: Woodway BUILDERS CORP

Sign/Title: Michael W Hill President

Date: 4/9/07

Plan Box Number C5

Job Name Michael Hill

Date: 4-24-07

Required Inspections for SFA/SFD

Appl. # 07-5-17103

Valuation 125135

Sq. Feet 1924

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 checked="" type="checkbox"/>	Four Trade Rough In
40	<input 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 checked="" type="checkbox"/>	Four Trade Final
60	<input 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