

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 # 17104
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: Raynor Builders Inc. Date: 3-13-07
Address: 301 N Raleigh St Angier N.C. 27501 Phone: 639-3012
Directions to job site from Lillington: _____

Subdivision: Dexter Field Lot: 54

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

Total Project Cost: 125,000 Description of Proposed Work: SFD

General Contractor Information

Heated SF 1670 Crawl Space () Building Construction Cost \$ _____
Unheated SF 546 Slab () Acres Disturbed _____ Stories 1
Raynor Builders Inc. 639-3012
Building Contractor's Company Name Telephone
301 N Raleigh St. Angier N.C. 27501 40079
Address License #
[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes No () Underground Overhead ()
Permanent Service: Underground Overhead () Service Size: 200 Amps
Mabey's Electrical Service 639-4837
Electrical Contractor's Company Name Telephone
Angier N.C. 150777 L
Address License #
[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Number of Units 2 Type System split Mechanical Cost \$ _____
JCS Heating & Air heat pump 557-3053
Mechanical Contractor's Company Name Telephone
Holly Springs N.C. 12655H-3
Address License #
[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____
Number of Baths 2 Plumbing Cost \$ _____
Barnes Plumbing 639-3401
Plumbing Contractor's Company Name Telephone
Angier N.C. 17735
Address License #
[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential Other () Not Required ()
Jatum Insulation Garner N.C.
Insulation Contractor's Company Name Address 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 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
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**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ being the:

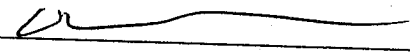
- General Contractor
- Owner
- Officer/Agent of the Contractor or Owner

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: RAYNOC BUILDERS INC.

Sign/Title: OWNER 

Date: 3-13-07

Plan Box Number G-5

Job Name RAYNOR BUILDERS

Date: 03-13-07

Required Inspections for SFA/SFD

Appl. # 0750017104

Valuation \$ 143,978

Sq. Feet 2216

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