

17137

E7

**Application for Building and Trade Permit**

Owner's Name: Hamilton Builders Date: 4-2-07  
Address: 286 Pine St East Phone: 910-893-8421  
Directions to job site: TAKE Hwy 210 N. from Lillington Appx 1/2 mile  
T.L. on Bruce Johnson Rd. GO Appx 1/2 mile lot 50 on Left.

Subdivision: Johnson Farm's Lot: 50  
Construction Type: (Please Check) Building Use: (Please Check)  
 New  Residential  
 Renovation  Modular  
 Addition  Commercial  
 Moved House  Multi-Family  
 Other  
Description of Proposed Work: Build new home.  
Total Project Cost: 225,000

**Building Permit Information**

Heated SF 2090 Crawl Space   
Unheated SF 944 Slab   
Building Contractor's Company Name: Jerry Hamilton Builders Building Construction Cost \$ 200,000  
250 East Pine St. Acres Disturbed 1/3 Stories 1  
Address: Jerry Hamilton Telephone: 893-4751  
Signature of Officer(s) of Corporation License #: 14533

**Electrical Permit Information**

Description of Work: Wire New Home Electrical Cost \$ 5000.  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground  Overhead ( ) Service Size: 200 Amps  
895-5774  
Electrical Contractor's Company Name: Patrick & Burgess Telephone: 49106  
Address: Patrick Burgess License #  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work: Mechanical HVAC  
Number of Units: \_\_\_\_\_ Type System: \_\_\_\_\_ Mechanical Cost \$ 5500  
HVAC Specialists 552-9549  
Mechanical Contractor's Company Name: \_\_\_\_\_ Telephone: 22035  
Address: 5843 Colerburg Rd F.V. 27526 License #  
Signature of Officer(s) of Corporation: Tom Hip Alden

**Plumbing Permit Information**

Description of Work: Plumb New House  
Number of Baths: 2 Plumbing Cost \$ 3000  
Robbie Gilbert Plumbing 910-567-6361  
Plumbing Contractor's Company Name: \_\_\_\_\_ Telephone: 10929  
Address: 1638 Timothy Rd Dunn NC 28334 License #  
Signature of Officer(s) of Corporation: RMG

**Insulation Permit Information**

Residential  Other ( ) Not Required ( )  
WAKE Insulation 2112 Sarsing Circle Ct. 919-235-5471  
Insulation Contractor's Company Name: \_\_\_\_\_ Address: Wendell NC Telephone:  
27591

**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

4-2-07  
\_\_\_\_\_  
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: 4-2-01

Plan Box Number E-7

Job Name JERRY HAMLINTON

Date: 4-10-07

Required Inspections for SFA/SFD

Appl. # 0750017137

Valuation \$ 166,783

Sq. Feet 2567

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