

Application for Building and Trade Permit

Owner's Name: Billings Construction, Inc. Date: 3/18/07
Address: 6294 Pauls Church Rd. F/V 27526 Phone: 795-9464
Directions to job site: 401N to Pauls Church Rd., take a right go thru two
stop signs, after second stop turn into Wyndham place, take first left, lot on Right

Subdivision: Wyndham Place Lot: 8
Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other

Description of Proposed Work: _____
Total Project Cost: _____

Building Permit Information

Heated SF 2150 Crawl Space () Building Construction Cost \$ 185,000.00
Unheated SF _____ Slab () Acres Disturbed _____ Stories _____
Billings Construction Inc. Telephone 795-9464
Building Contractor's Company Name Telephone 54800
6294 Pauls Church Rd. F/V 27526 License # _____
Address _____
William S. Billings
Signature of Officer(s) of Corporation

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: _____ Amps
Travis Dawson Electric Telephone 919-201-3841
Electrical Contractor's Company Name Telephone 25948-L
136 Thornburg Ln. F/V, NC 27526 License # _____
Address _____
Travis Dawson
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____ Mechanical Cost \$ _____
Number of Units 2 Type System Heat Pump
Jernigan's HVAC Telephone 910-897-5217
Mechanical Contractor's Company Name Telephone 19342
22 Hickory Tree Ln, Angier, NC 27501 License # _____
Address _____
Steve Jernigan
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ Plumbing Cost \$ _____
Number of Baths _____
Straight Flush Plumbing, Inc. Telephone 910-893-3642
Plumbing Contractor's Company Name Telephone D-123655
976 Mitchell Rd. Lillington, NC 27546 License # _____
Address _____
Jason Miller
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential () Other () Not Required () Telephone 772-9000
Insulation Inc. Address _____
Insulation Contractor's Company Name

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.

Willis S. Billings _____ 3/17/07 _____
Signature of Owner/Contractor/Officer(s) of Corporation 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: Billings Construction, Inc.
By/Title: Walter S. Billings / President
Date: 3/17/07

Plan Box Number G-3

Job Name BILLINGS CONST

Date: 3-19-07

Required Inspections for SFA/SFD

Appl. # 0750017141

Valuation \$162,235

Sq. Feet 2497

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