* 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
linanaa

## Application #\_\_\_\_

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.hamett.org
Application for Building and Trade Permit

Owner's Name: Premier Investments LL	<u>· C                                     </u>	Date: 3/21/07
Address 126 Mustic Lane Lillington	NC	Phone: (919)497-7770
Directions to job site from Lillington: North 42	1, Lift on 0	11d us 421,
Directions to job site from Lillington: North 42 Left on McDongald RL 2.	hiles Ava's	Ridge on Left
Subdivision: Ava's Ridge		_ot:g
Construction Type: (Please Check) Buil	<u>ding Use</u> : (Please Ch	eck)
	Residential	_ Commercial
#		Multi-Family
Total Project Cost: 111,000 Description of Propo	sed Work: New 1	howe
Heated SF /366 Crawl Space (/Slab ( ) Build Heated SF /366 Crawl Space (/Slab ( )	ractor Information	et C
Unheated SF 600 Acre	es Disturbed	Stories /
Building Contractor's Company Name	Telephone	······································
PU Box 8466, Rocky Mount N.C. 2780	4	56656
Address		License #
Life Isal		
Signature of Owner/Contractor/Officer(s) of Corporation	rmit Information	•
Description of Work SESI DENTINE ELEC.	Electrical Cost \$	
15 Pole: Yes (1) No ( ) Underground (2) Ove	rhead ( )	
Permanent Service: Underground (/ Overhead ()		
SMS ELECTUCAL SERVICES Electrical Contractor's Company Name	919-796 Tolombona	- 513 1
Cieculical Contractor's Company Name	Telephone	
1.02 MSLAllan Do GARAGER	3.3.7	: 007/ .co.ccn
GOZ M& Lellan DR. GARNER	N·C.	19976-SP-SFD
Address M. Atoh	N·C,	1 <u>9976 - SP-S</u> FD License #
Address  Signature of Officer(s) of Corporation	<i>N</i> ⋅C,	1 <u>9976 - SP-S</u> FD License #
Signature of Officer(s) of Corporation  Mechanical F	Parmit Information	1 <u>9976 - SP-S</u> FD License #
Signature of Officer(s) of Corporation  Description of Work New hear + #(C. S. A. There	ermit Information	License #
Signature of Officer(s) of Corporation  Mechanical F  Description of Work New hear + 4/C Sustum  Number of Units Type System Hear	Permit Information	License #
Signature of Officer(s) of Corporation  Description of Work New hear + A/C Sustain  Number of Units Type System Hear  STCPHENSONS HEATENG AND ARE THE	Permit Information  Pump Mechan  919-	ical Cost \$
Signature of Officer(s) of Corporation  Description of Work New hear + A/C Sustum  Number of Units Type System Hear  STCPHENSONS HEATENG AND AER ENC  Mechanical Contractor's Company Name	Permit Information  Pump Mechan  199- Telephoi	ical Cost \$
Signature of Officer(s) of Corporation  Description of Work New heat + A/C Systum  Number of Units Type System Hea  STEPHENSONS HEATENG AND ALE INC  Mechanical Contractor's Company Name	Permit Information  Pump Mechan  199- Telephoi	ical Cost \$ 739 - 0686 ne
Signature of Officer(s) of Corporation  Mechanical F  Description of Work New hear + A/C Systum  Number of Units Type System Hear  STCPHENSONS HEATENG AND AER THE  Mechanical Contractor's Company Name  343 SHEPWASH DREVE GHENER  Address	Permit Information  Pump Mechan  199- Telephoi	ical Cost \$
Signature of Officer(s) of Corporation  Description of Work New heat + A/C Sustum Number of Units Type System Heat  STEPHENSONS HEATENG AND AER ENC Mechanical Contractor's Company Name  343 SHEPLASH DREVE GHENER Address  Signature of Officer(s) of Corporation	Permit Information  Pump Mechan  919 - Telephon  NC 31539	ical Cost \$ 739 - 0686 ne
Signature of Officer(s) of Corporation  Mechanical F  Description of Work New hear + A/C Systum  Number of Units	Permit Information  Pump Mechan  199- Telephoi	ical Cost \$ 739 - 0686 ne
Signature of Officer(s) of Corporation  Description of Work New heat + A/C Sustum Number of Units Type System Hea  STCPHENSONS HEATENG AND AER ENC Mechanical Contractor's Company Name  343 SHEPWASH DREVE GHENER Address  Signature of Officer(s) of Corporation  Plumbing Personal Personal Plumbing Pers	Permit Information  Pump Mechan  919 - Telephon  NC 31539	License #  ical Cost \$ 739 - 0686 ne
Signature of Officer(s) of Corporation  Description of Work New hear + A/C System  Number of Units Type System Hea  STCPHENSONS HEATENG AND AER THE Mechanical Contractor's Company Name  343 SHERWASH DREVE GHRNER  Address  Signature of Officer(s) of Corporation  Plumbing Pe  Description of Work Residential Plumbing  Number of Baths 2  DANN-RITE PLUMBING CO. TACC.	Permit Information  Pump Mechan  919- Telephon  NC 37539  mit Information  Plumbing Cost \$	License #  ical Cost \$  7.39 - 0686  ne
Signature of Officer(s) of Corporation  Description of Work New heat + A/C System Number of Units Type System Hea  STCPHENSONS HEATENG AND AER ENC Mechanical Contractor's Company Name  343 SHEPWASH DREVE GHENER  Address  Signature of Officer(s) of Corporation  Plumbing Pe Number of Baths  Description of Work Residential Plumbing Pe Number of Baths  Description Contractor's Company Name	Permit Information  Pump Mechan  199- Telephon  NC 37539  Plumbing Cost \$  Telephon	License #  ical Cost \$
Signature of Officer(s) of Corporation  Description of Work New hear + A/C System Number of Units Type System Hea  STCPHENSONS HEATENG AND AER THE Mechanical Contractor's Company Name  343 SHERWASH DREVE GHENER  Address  Signature of Officer(s) of Corporation  Plumbing Pe  Description of Work Residential Plumbing Number of Baths  DUNN-RITE PLUMBING CO. THE  Plumbing Contractor's Company Name  P.O. Box 577 Number, WC 283	Permit Information  Pump Mechan  199- Telephon  NC 37539  Plumbing Cost \$  Telephon	License #  ical Cost \$  7.39 - 0686  ne
Signature of Officer(s) of Corporation  Description of Work New heat + A/C System Number of Units Type System Hea  STCPHENSONS HEATENG AND AER ENC Mechanical Contractor's Company Name  343 SHEPWASH DREVE GHENER  Address  Signature of Officer(s) of Corporation  Plumbing Pe Number of Baths  Description of Work Residential Plumbing Pe Number of Baths  Description Contractor's Company Name	Permit Information  Pump Mechan  199- Telephon  NC 37539  Plumbing Cost \$  Telephon	License #  ical Cost \$
Signature of Officer(s) of Corporation  Description of Work New hear + A/C System Hear  Stephensons Heartnle and Arr the Mechanical Foundation  Mechanical Foundation Type System Hear  Stephensons Heartnle and Arr the Mechanical Contractor's Company Name  343 Shephash Dreve Ghrner  Address  Signature of Officer(s) of Corporation  Plumbing Personal Plumbing Personal Plumbing Personal Plumbing Personal Plumbing Contractor's Company Name  Po. Box 577 None, NC 283  Address  Signature of Officer(s) of Corporation	Permit Information  Pump Mechan  1919- Telephon  NC 37539  Plumbing Cost \$  11073  Telephon	License #  ical Cost \$
Signature of Officer(s) of Corporation  Description of Work New hear + A/C Sustum Number of Units Type System Hear  STCPHENSONS HEATENG AND AER THE Mechanical Contractor's Company Name  343 SHERWASH DREVE GHRNER  Address  Signature of Officer(s) of Corporation  Plumbing Pe  Description of Work Residential Plumbing Pe Number of Baths 2  DAN-RITE PLUMBING CO. TAIC.  Plumbing Contractor's Company Name  P.O. Box 577 Nown, WC 283  Address  Signature of Officer(s) of Corporation  Insulation Permit Information Res	Permit Information  Pump Mechan  919- Telephon  NC 37539  Plumbing Cost \$  Telephon  Telephon  Telephon  Telephon	License #  ical Cost \$
Signature of Officer(s) of Corporation  Description of Work New hear + A/C System Hear  Stephensons Heartnle and Arr the Mechanical Foundation  Mechanical Foundation Type System Hear  Stephensons Heartnle and Arr the Mechanical Contractor's Company Name  343 Shephash Dreve Ghrner  Address  Signature of Officer(s) of Corporation  Plumbing Personal Plumbing Personal Plumbing Personal Plumbing Personal Plumbing Contractor's Company Name  Po. Box 577 None, NC 283  Address  Signature of Officer(s) of Corporation	Permit Information  Pump Mechan  919- Telephon  NC 37539  Plumbing Cost \$  Telephon  Telephon  Telephon  Telephon	License #  ical Cost \$

	Application #	aria-politica (Calabana)	
	s must fill out this portion 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 <u>Driveway Access</u> - NC Department of Tran	nsportation Driveway Access/Permit? Yes	No	
	19 (000000000000000000000000000000000000		
Homeowners Applyi Please answer the following questions then see a Permit Te	ng to Build Their Own Home schnician to determine if you qualify for permit under Own	ers 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 build	ding will be constructed? yes	no	
2. Have you hired or intend to hire an indi the project?	ividual to superintend and manage con yes	struction of	
3. Do you intend to directly control & supe	ervise construction activities? yes	no	
4. Do you intend to schedule, contract, or be done?	directly pay for all phases of construct	ion work to	
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 r and that the construction will conform to the re- Mechanical codes, and the Harnett County Zonin	gulations in the Building, Electrical, Plumbing	g and	

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

Application	#
Philippedagen	

## Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned	applicant for Building Permit # being the:
m>	General Contractor
<del>_1</del> 78>_	Owner Officer/Agent of the Contractor or Owner
Do hereby confi the work set fort	rm under penalties of perjury that the person(s), firm(s) or corporation(s) performing h in the permit:
-V	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.
Department iss insurance prior	on the project for which this permit is sought it is understood that the Central Permitting tuing the permit may require certificates of coverage of worker's compensation to issuance of the permit and at any time during the permitted work from any person, on carrying out the work.
Firm Name:	Premier Threstments LLC
Sign/Title:	22 Samer
Date:	3121107

Plan	Box	Number	E-4

Job Name PREMIER

Date: 3-22-07

Required Inspections for SFA/SFD

Appl. # 0750017176 Valuation # 122,082 Sq. Feet 1879

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