•	Each section below to be filled out by
W	nomever performing work. Must be owner
	licensed contractor. Address, company
Πâ	me & phone must match information on
lic	ense

App	lica	tion	#
$-\alpha vv$	1164	ион	77

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: <u>Premier Investments LVC</u> Date: 3/21/07	
Address: 75 Patricia Way, Lillington N.C. Phone: (19)497-1710	7
Directions to job site from Lillington: North 421, Left on Old US 421,	
Left on McDongald Rd 2 miles Aun's Ridge on Left	
Subdivision: Ava's Kidge Lot: 16	
Construction Type:     (Please Check)     Building Use:     (Please Check)       New     Moved House     Residential     Commercial       Renovation     Addition     Other     Modular     Multi-Family	
Total Project Cost: 111,000 Description of Proposed Work: New house	
Heated SF /392 Crawl Space (r) Slab ( ) Building Construction Cost \$ Unheated SF 422 Stories	
Premier Investments LLC (919)497-77-10  Building Contractor's Company Name Telephone	
totalis and the second	
PU Box 8466, Rocky Mount N.C. 27804 56656	
Address License #	
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp	
Description of Work PER DENTINE FLECT. Flectrical Cost \$	
Description of Work RESIDENTIAL FLECT. Electrical Cost \$ TS Pole: Yes () No () Underground (/ Overhead () Service Size: 200 Amps	
SMS ELECTRICAL SETUICES 919-796-5137	
Electrical Contractor's Company Name Telephone	
602 M & Lellan DR. GARRIER N.C. 19976-5P-SI	FD
Address  License #	FD
Address  Signature of Officer(s) of Corporation  License #	FD
Signature of Officer(s) of Corporation	FD
Signature of Officer(s) of Corporation	FD
Signature of Officer(s) of Corporation  Mechanical Permit Information  Description of Work New heat + AIC System  Number of Units Type System Heat pump Mechanical Cost \$	FD
Signature of Officer(s) of Corporation	FD
Signature of Officer(s) of Corporation  Description of Work New heat + AIC System  Number of Units Type System Heat pump   Mechanical Cost \$  STEPHENSONS HEATENG AND AER ENC   919-739-0686   Mechanical Contractor's Company Name   Telephone    343 Shepwash Dreve Graner No 2539   12444	FD
Signature of Officer(s) of Corporation  Description of Work New heat + A/C System  Number of Units Type System Heat pump Mechanical Cost \$	FD
Address  Signature of Officer(s) of Corporation  Description of Work  Number of Units  Type System  Heat pump  Mechanical Cost \$  STEPHENSONS HEATENG AND ARR ENC  Mechanical Contractor's Company Name  Telephone  343 Shepwash Dreve Garner No 27529  Address  License #	FD
Signature of Officer(s) of Corporation  Mechanical Permit Information  Description of Work New heat AIC System  Number of Units Type System Heat pump Mechanical Cost \$  STEPHENSONS HEATENG AND ARR ENC 919-739-0686  Mechanical Contractor's Company Name Telephone  343 Shepwash Dreve Garner No 37599 18644  Address  Signature of Officer(s) of Corporation	FD
Signature of Officer(s) of Corporation  Description of Work New heat + AC System  Number of Units Type System Heat Pump Mechanical Cost \$  STEPHENSONS HEATING AND AER ENC 919-739-0686  Mechanical Contractor's Company Name Telephone  343 Shephash Dreve Garner Ne 37539 18644  Address  Signature of Officer(s) of Corporation  Plumbing Permit Information  Description of Work Residential Plumbing	FD
Signature of Officer(s) of Corporation  Description of Work New heat the System  Number of Units  Type System Heat Pump Mechanical Cost \$  STEPHENSONS HEATENG AND ARR ENC 919-739-0686  Mechanical Contractor's Company Name Telephone  343 Sheauash Dreve Ghener Ne 37539  Address  Description of Work Residential Plumbing Permit Information  Description of Work Residential Plumbing  Number of Baths  Plumbing Cost \$  Plumbing Cost \$	FD
Signature of Officer(s) of Corporation  Description of Work New hest + ALC System  Number of Units   Type System Hest Pump   Mechanical Cost \$  STEPHENSONS HEATENG AND ARR TAC   919-739-0686  Mechanical Contractor's Company Name   Telephone    343   Shepuash   Dreve Garner New 27529   18644    Address   License #  Signature of Officer(s) of Corporation   Plumbing Permit Information    Description of Work Residential Plumbing   Plumbing Cost \$  Description of Baths   2   Plumbing Cost \$  Dunn - Rite Plumbing Co. Tac.   1/0:872-6/20	FD
Signature of Officer(s) of Corporation  Description of Work New heat the System Heat pump Mechanical Cost \$  Stephensons Heaten and Alb the quarter of Units I Type System Heat pump Mechanical Cost \$  Stephensons Heaten and Alb the quarter of System Heat pump Mechanical Cost \$  Mechanical Contractor's Company Name Telephone  343 Shepuash Dreve Ghener Ne 37539 18644  Address License #  Signature of Officer(s) of Corporation Plumbing Permit Information  Description of Work Residential Plumbing  Number of Baths 2 Plumbing Cost \$  Dunn-Rite Fluiding Co. Tail 1969 1969 1969 1969 1969 1969 1969 196	FD
Address  Signature of Officer(s) of Corporation  Description of Work New heat & AIC System  Number of Units 1 Type System Heat Pump Mechanical Cost \$  Stephensons Heating and are the quarter of Officer(s) of Company Name  343 Shephash Dreve Garner Ne 27529 18644  Address  Signature of Officer(s) of Corporation  Description of Work Residential Plumbing  Number of Baths 2 Plumbing  Number of Baths 2 Plumbing Cost \$  Description of Work Company Name Telephone  Pumbing Cost \$  Description of Work Company Name Telephone  Plumbing Contractor's Company Name Telephone  Po. Box 577 Now, NC 28335 27929	FD
Address  Signature of Officer(s) of Corporation  Description of Work New heat + ALC System  Number of Units I Type System Heat pump Mechanical Cost \$  Stephensons Heartne and are the quark Mechanical Cost \$  Stephensons Heartne and are the quark Mechanical Cost \$  Mechanical Contractor's Company Name Telephone  343 Shepuash Drive Ghener No 37539 18644  Address  Description of Work Residential Plumbing Permit Information  Plumbing Permit Information  Plumbing Cost \$  Description of Work Residential Plumbing  Plumbing Cost \$  Description Company Name Telephone  Po Box 577 Name 287335 27929  Address  License #	FD
Signature of Officer(s) of Corporation  Description of Work New hest the System  Number of Units 1 Type System Heat pump Mechanical Cost \$  STCPHCNDONS HEATENG AND ALR ENC 919-739-0686  Mechanical Contractor's Company Name Telephone  343 SHEPLASH DIZLUE GHENER NC 37599 18644  Address License #  Signature of Officer(s) of Corporation  Plumbing Permit Information  Description of Work Residential Plumbing  Number of Baths 2 Plumbing Cost \$  DNAN-RITE FLUMBING Co. TAC. 910-872-6/20  Plumbing Contractor's Company Name Telephone  P.O. Box 577 Nana, AC 28335 2792-9  Address License #	FD
Address  Signature of Officer(s) of Corporation  Description of Work New heat + ALC System  Number of Units I Type System Heat pump Mechanical Cost \$  Stephensons Heartne and are the quark Mechanical Cost \$  Stephensons Heartne and are the quark Mechanical Cost \$  Mechanical Contractor's Company Name Telephone  343 Shepuash Drive Ghener No 37539 18644  Address  Description of Work Residential Plumbing Permit Information  Plumbing Permit Information  Plumbing Cost \$  Description of Work Residential Plumbing  Plumbing Cost \$  Description Company Name Telephone  Po Box 577 Name 287335 27929  Address  License #	FD

•	Application #	x monened access no nearest success and
	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
Homeowners Applyi Please answer the following questions then see a Permit Te	ng to Build Their Own Home echnician to determine if you qualify for permit under Owner	s 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 cons yes	truction of
3. Do you intend to directly control & supe	ervise 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 reand that the construction will conform to the re- Mechanical codes, and the Harnett County Zonin contractors is correct as known to me and if any contractors in correct	gulations in the Building, Electrical, Plumbing ig Ordinance. I state the information on the a	and bove

contractors is correct as known to me and if <u>any</u> 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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.4.			CONTRACTOR OF THE PROPERTY OF

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

The undersigned	ed applicant for Building Permit # being the:	
	_ General Contractor	
185	_ Owner _ Officer/Agent of the Contractor or Owner	
	nfirm under penalties of perjury that the person(s), firm(s) or corporation the permit:	on(s) performing
	Has/have three (3) or more employees and has/have obtained works compensation insurance to cover them.	ers'
	Has/have one (1) or more subcontractors(s) and has/have obtained compensation insurance to cover them.	workers'
	Has/have one (1) or more subcontractors(s) who has/have their own workers' compensation insurance covering themselves.	policy of
AND A SECURIOR AS IN A 18 AND AND	_ Has/have not more than two (2) employees and no subcontractors.	
Department issinsurance prior t	on the project for which this permit is sought it is understood that the C suing the permit may require certificates of coverage of worker to issuance of the permit and at any time during the permitted work f tion carrying out the work.	s compensation
Firm Name:	Primier Investments LLC	
Sign/Title:	In In I come	7-00-00-0-17-00-00-00-00-00-00-00-00-00-00-00-00-00
Date: 3	312167	

Plan Box Number <u>E-4</u>

Job Name PREMIER

Date: 3-22-07

Required Inspections for SFA/SFD

Appl. # 075017177 Valuation #117, 730 Sq. Feet | 812

## Sequence

10	D* Dide Feeting
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