* 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
linanca

Application #_

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: Premier Investments LCC Date: 3/21/07
Address: 45 Patricis Way, Lillington N.C. Phone: (19)497-7770 Directions to job site from Lillington: North 421, Left on Old US 421
Directions to job site from Lillington: North 421, Left on Old US 421
Left on Mc Dougald Rd, 2 miles Ava's Ridge on Left
Subdivision: Ava's Ridge Lot: 19
Construction Type: (Please Check) Building Use: (Please Check) LNew Moved House Residential Commercial Renovation Addition Other Modular Multi-Family
Total Project Cost: 111000 Description of Proposed Work: Now house
Heated SF 1359 Crawl Space (4 Slab () Building Construction Cost \$ Unheated SF 36 Acres Disturbed Stories
Premier Investments LLC (919) 497 - 7770 Building Contractor's Company Name Telephone
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 RESIDENTIAL ELECT. Electrical Cost \$
TS Pole: Yes () No () Underground (/ Overhead () Permanent Service: Underground (/ Overhead () Service Size:Amps
SMS ELECTRICAL ServicES 919-796-5137
Electrical Contractor's Company Name Telephone
602 M& Lellan DR. GARNON N.C. 19976-SP-SFE
Address License #
Signature of Officer(s) of Corporation
Signature of Officer(s) of Corporation
Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work New heart of System Number of Units Type System Heart pump Mechanical Cost \$
Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work New heart Arc System Number of Units 1 Type System Heart Pump Mechanical Cost \$ STEPHENSONS HEATENG AND ALR INC 919-739-0686
Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work New heart AC System Number of Units Type System Heart Pump Mechanical Cost \$ SICPHENDONS HEATENG AND ARR ENC 919-739-0686 Mechanical Contractor's Company Name Telephone
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Signature of Officer(s) of Corporation Description of Work New heart of Africal Permit Information Number of Units Type System Heart pump Mechanical Cost \$
Signature of Officer(s) of Corporation Description of Work New heart of Alc System Number of Units Type System Heart pump Mechanical Cost \$ STEPHENDONS HEARTING AND ARR INC 919-739-0686 Mechanical Contractor's Company Name Telephone 343 SHEPWASH DREVE GHENIER NC 37539 18644 Address License # Signature of Officer(s) of Corporation Description of Work Residential Plumping Permit Information Plumbing Permit Information Plumbing Cost \$ Plumbing Cost \$ Plumbing Cost \$
Signature of Officer(s) of Corporation Description of Work New heart A System Number of Units Type System Heart Pump Mechanical Cost \$ STEPHENDONS HEATTING AND ALR TINC 919-739-0686 Mechanical Contractor's Company Name Telephone 343 SHERMANH DIEVE GARNET NC 37539 18644 Address License # Signature of Officer(s) of Corporation Plumbing Permit Information Plumbing Cost \$ Number of Baths 2 Plumbing Cost \$ Deach Action Flore (co. Inc. 910-872-6120)
Signature of Officer(s) of Corporation Description of Work New hand App System Has Pump Mechanical Cost \$ STEPHENSONS HEATENG AND APP ENC 919-739-0686 Mechanical Contractor's Company Name Telephone 343 SHEPLASH DEEVE GHENER NC 37539 18644 Address Corporation Description of Work Assidential Plumbing Permit Information Description of Work Assidential Plumping Plumbing Permit Information Plumbing Cost \$ Number of Baths 2 Plumbing Cost \$ 110-872-6/20 Plumbing Contractor's Company Name Telephone
Signature of Officer(s) of Corporation Description of Work New hart of Activation Number of Units
Signature of Officer(s) of Corporation Description of Work New heart of Afc 5457 cm Number of Units 1 Type System Heart Pump Mechanical Cost \$ STCPHCNONS HEATENG AND ALR INC 914-739-0686 Mechanical Contractor's Company Name Telephone 343 SHERWASH DIEVE GHENER NC 37539 18644 Address License # Signature of Officer(s) of Corporation Description of Work Acsidential Plumbing Permit Information Plumbing Cost \$ Number of Baths 2 Plumbing Cost \$ Number of Baths 2 Plumbing Cost \$ Number of Company Name Telephone Por Sox 577 Number of Corporation Plumbing Contractor's Company Name Telephone Por Sox 577 Number of Corporation Address License # Signature of Officer(s) of Corporation
Signature of Officer(s) of Corporation Description of Work New hart + AC System Number of Units 1 Type System Hast pum Mechanical Cost \$ STEPHENSONS HEATENG AND ARR INC 919-739-0686 Mechanical Contractor's Company Name Telephone 343 Sherwash Dreve Ghener Ne 37599 18644 Address Plumbing Permit Information Description of Work Acsidential Templos Number of Baths 2 Plumbing Cost \$ Description of Work Occupany Name Telephone Plumbing Cost \$ Description Company Name Telephone Plumbing Cost \$ Description Company Name Telephone Por Sox 577 Description Company Name Telephone

Application	#	 	

Sprinkler Contractor's Company Name Address Signature of Officer(s) of Corporation Fire Alarm Syst Fire Alarm Contractor's Company Name	Contact & Telephone License #	-
Signature of Officer(s) of Corporation Fire Alarm Syst	License #	
Fire Alarm Syst		·
Fire Alarm Contractor's Company Name	tem Information	
	Contact & Telephone	-
Address	License #	ments.
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Transport	ration Driveway Access/Permit? Yes	No
	- Daily Thata Compile	
Please answer the following questions then see a Permit Technical	o Build Their Own Horne an to determine if you qualify for permit under Own	ers Exemption.
Questionnaire per G.S. 87-14 Regulations as to Is	ssue of Building Permits (Memo available	e upon request)
1. Do you own the land on which this building	will be constructed? yes	no
2. Have you hired or intend to hire an individu	al to superintend and manage con	struction of
3. Do you intend to directly control & supervisor	e construction activities? yes	no
4. Do you intend to schedule, contract, or dire be done?	ctly pay for all phases of construct	ion work to
5. Do you intend to personally occupy the buil- following completion of construction and do yo creates the presumption under law that you fra	u understand that if you do not do	onths so, it
	yes	no
Sign & date		
I hereby certify that I have the authority to make necessand that the construction will conform to the regulation Mechanical codes, and the Harnett County Zoning Ord contractors is correct as known to me and if any chang building and trade plans, Environmental Health permit comy responsibility to notify the Harnett County Central Permit Central Pe	ons in the Building, Electrical, Plumbing dinance. I state the information on the less occur including listed contractors, site changes or proposed use changes, I certification.	g and above plan, fy it is

Page 2 of 3

Αp	plication	#

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

The undersigned	d applicant for Building Permit # being the:
	General Contractor Owner
7985	Officer/Agent of the Contractor or Owner
Do hereby conf the work set fort	irm under penalties of perjury that the person(s), firm(s) or corporation(s) performing h 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.
Total Control of the	Has/have not more than two (2) employees and no subcontractors.
Department iss insurance prior	n the project for which this permit is sought it is understood that the Central Permitting uing 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 Investments LLC
Sign/Title:	In I Sum owner
Date:	312167

Plan Box Number E-4

Job Name PREMIER

Date: 3 - 22-07

Required Inspections for SFA/SFD

Appl. # 07500 / 7/79
Valuation # 129 229
Sq. Feet 1989
W/60

Sequence

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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