

whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 1/11/97
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: Raynor Builders Inc. Date: 3-26-07
Address: 360 N Raleigh St Angier N.C. 27501 Phone: 639-3012
Directions to job site from Lillington: 401 N T.L. Chalybeate sub on left.

Subdivision: Dexter Field Lot: 1

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

Total Project Cost: \$125000 Description of Proposed Work: SFD

General Contractor Information

Heated SF 1550 Crawl Space () Building Construction Cost \$ 125,000
Unheated SF Slab () Acres Disturbed .383 Stories 1.5

Raynor Builders Inc. Telephone 639-3012
Building Contractor's Company Name Address 301 N Raleigh St. Angier NC. 27501 License # 40079

Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work Electrical Cost \$
TS Pole: Yes No () Underground Overhead ()
Permanent Service: Underground Overhead () Service Size: 200 Amps
Mabrys Electrical Service Telephone 639-4837
Electrical Contractor's Company Name Address Angier N.C. License # 150777 L

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work
Number of Units 2 Type System SPLIT Mechanical Cost \$
J.C.'S HEATING & A/C Telephone 557-3053
Mechanical Contractor's Company Name Address Holly Springs N.C. License # 12655 H-3

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work
Number of Baths 2 Plumbing Cost \$
BARNES PLUMBING Telephone 639-3401
Plumbing Contractor's Company Name Address Angier N.C. License # 17735

Signature of Officer(s) of Corporation

Insulation Permit Information

Residential Other () Not Required ()
Jatum INSULATION Telephone
Insulation Contractor's Company Name Address GARNER N.C.

vertical
3-26-07
vertical

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 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 3-26-07

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

The undersigned applicant for Building Permit # _____ being the:

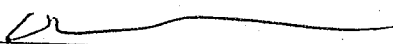
- General Contractor
- Owner
- Officer/Agent of the Contractor or Owner

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: RAYNOC BUILDERS INC.

Sign/Title: OWNER 

Date: 3-26-09

Plan Box Number A3

Job Name Raynor Bldg.

Date: 7-17-07

Required Inspections for SFA/SFD

Appl. # 07-5-17197

Valuation 137,090

Sq. Feet 2110

Sequence

10	<u>✓</u>	R* Bldg. Footing
10-30	<u> </u>	R* Elec. Temp Service Pole
20	<u>✓</u>	R* Building Foundation
20	<u>✓</u>	Address Confirmation
30-999	<u>✓</u>	Open Floor
30-999	<u> </u>	R* Bldg. Slab Insp.
30-999	<u> </u>	R* Elec. Under Slab
30-999	<u> </u>	R*Plumb. Under Slab
40	<u>✓</u>	Four Trade Rough In
40	<u> </u>	Four Trade Rough In > 2500
40	<u> </u>	Three Trade Rough In
40	<u> </u>	Three Trade Rough In > 2500
40	<u> </u>	Two Trade Rough In
40	<u> </u>	Two Trade Rough In > 2500
40	<u> </u>	One Trade Rough In
40	<u> </u>	One Trade Rough In > 2500
50	<u>✓</u>	R* Insulation
60	<u>✓</u>	Four Trade Final
60	<u> </u>	Four Trade Final > 2500
60	<u> </u>	Three Trade Final
60	<u> </u>	Three Trade Final > 2500
60	<u> </u>	Two Trade Final
60	<u> </u>	Two Trade Final > 2500
60	<u> </u>	One Trade Final
60	<u> </u>	One Trade Final > 2500
999	<u>✓</u>	Envir. Operations Permit