* 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 license.

Ap	plica	atio	n#
430	D110	4110	YM 31

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: Associated Berildens	offee Cotte	Date: <u>3-29</u>	- <u>81</u>
Address: 1797 N Pland Rd So.	Alord NC 27330	Phone: <u>419</u> _	3C3
Directions to job site from Lillington: 24-27	W To 87 N-10	N Caluca	x CH Rd
Job is to mile ON Rt		Согованновов святина восситина восситина восситина в	soonnuovoonnuo
Subdivision:		Lot:	
	Building Use: (Please Cl Residential Modular	neck) Commercial Multi-Family	
Total Project Cost: 80000 Description of F		ER	
Heated SF 1244Crawl Space (*) Slab () Unheated SF 457 Associated Birteless of Jec. Co. 2	Acres Disturbed	Stories _	
Building Contractor's Company Name 1797 N. Plans Rel Saskerd Address		<i>528</i> Licens	<i>61</i> se #
Signature of Owner/Contractor/Officer(s) of Corp	al Permit Information		
Description of Work SFORM TS Pole: Yes (No () Underground () Permanent Service: Underground () Overhe	Overhead (r)	3000.00	
Electrical Contractor's Company Name	Telephone	-0-3455	
3483 Caminar Dr. Santa Address		Licens	<u>326</u> se#
Signature of Officer(s) of Corporation	- Rel attack	nd	
Signature of Officer(s) of Corporation Mechani	cal Permit Information		
Description of Work Type System _	Hart framMechan	alcal Cast \$	-/
1. I Rook ha was	AUT CORP 919 Telepho	3-776-5	118
957 Charlotte Aix South	nd N.C 273	30 0995 Licen	8 H-2. H,3 se#
	- All Etthich	Q <i>O</i> /	
Signature of Officer(s) of Corporation	ng Permit Information		
Description of Work 5FM			
Number of Baths 2	_ Plumbing Cost \$	500000	>
Plumbing Contractor's Company Name	Telepho	one	Andrewson and the second
1480 Zias CHAd Santos	W/ 110 273	30 7/6 Licen	 se#
	101 attanhod		
Signature of Officer(s) of Corporation Insulation Permit Information		() Not Required	(),
Insulation Contractor's Company Name & Addre	<u>HI8 POESW SK</u> SS	Telephon	<u> _</u> L 2830 e 910-4818855

	Application #	*
	s must fill out this portion System Information	S
Sprinkler Contractor's Company Name	Contact & Telephone	name and the property of the second s
Address	License #	Линия на начиния на на Начиния на начиния на н
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 Trans	sportation Driveway Access/Permit? Yes	s No
Homeowners Applying Please answer the following questions then see a Permit Tec	ng to Build Their Own Home chnician to determine if you qualify for permit under C	wners Exemption.
Questionnaire per G.S. 87-14 Regulations as	to Issue of Building Permits (Memo avails	able upon request)
Do you own the land on which this build	ling will be constructed? ye	s no
Have you hired or intend to hire an indivite project?	vidual to superintend and manage c	
3. Do you intend to directly control & supe	rvise construction activities? ye	s no
4. Do you intend to schedule, contract, or be done?	directly pay for all phases of constru yes	
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 not and that the construction will conform to the reg Mechanical codes, and the Harnett County Zoning contractors is correct as known to me and if any che building and trade plans, Environmental Health per my responsibility to notify the Harnett County Central	ulations in the Building, Electrical, Plumb g Ordinance. I state the information on the nanges occur including listed contractors, mit changes or proposed use changes, I c	bing and ne above site plan, ertify it is

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

3 - 29-55

Date

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

The undersigned	d applicant for Building Permit # being the:
/	General Contractor
	Owner Officer/Agent of the Contractor or Owner
CANCELLINE AND CONTRACTOR OF THE CONTRACTOR OF T	The state of the s
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.
man de de constantino de constantino de constantino de constantino de constantino de constantino de constantin	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,
tirm or corporati	on carrying out the work.
Firm Name: 4	esociated Builders of Lee County INC
Sign/Title:	any Beard fromberh
Date: 3	29-107

10:03:09 06-11-2007 1/1

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Harnett County Plenning

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HARHETT CO. PLANNING BERVICES Hermati County Flenning

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Subdivision:		LOT; ,
	ruck) <u>Building Use</u> : (Pleas	المعاد
Construction Type: (Please C		Commenced and
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_Renovation _Addition	Other Modular	Multi-Family
mark the state of the same	Description of Proposed Work:	SER
Total Project Cost THE CASE	Control Control of	
	Seneral Contractor Informat	- C-10 (2/2 A/2) A/3
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Universal SF 4625	Acres Distribed	Stories
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Building Contractor's Compan	y Name Taleghone	
	10 0 / 1000	
1757 N Ph. w. Ko	Sauland NC 2737	a 52866
Advance		Liconnum #
	$\boldsymbol{\sigma}$	
Target Belle	<u> </u>	
Signature of Contracto	(Officer(s) of Corporation — Must sign bec	the of libers & workers story:
	Electrical Parrolt informatic	
Marian and Marian		*1_5000.00_
Description of Work		
TS Pole: Yes (C) No () Un	derground() Overhead (r)	
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Electrical Contractor's Compa		
3483 Care 104	Dr. Sambool N.C. 223	35 <u>2/326</u>
Address/		
Jan Milas	7	
Schedure of Officer(s) of Corp	OFFICE STATE OF THE STATE OF TH	
<i>-</i>	Mechanical Fermit Informati	· ·
Description of Work		
Number of Units	Type SystemMay Me	chanical Cost \$ 5000000
		211 mal 2013 60 .
Marie Assessed		19-776-6118
Machinist Contractors Com	perty Nome Tak	aphone
Annal Ind		was a dood at 2 Um
957 C 401/07/C	Rec Surfaced N.C. 22	340 0 2233 A 4. M.S
Address		License #
Signature of Officer(s) of Corp	oration	
	Plumbing Permit Infertiation	
Description of WorkSE	0	
AS has of Martin	Plumbing C	mit 600000
Number of Safre		
O. I. LL W. L.	4	14. 52C-52C/
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Plumbing Confractor's Comple	Name Tel	Approximation
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Signature of Officer(s) of Corp	CONTRACTOR OF THE PARTY OF THE	non () Most Charactered ()
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Insulation Contractor's Cirrips	myHame & Address	
•	Page 1 of 3	1/0Y
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* Each section below to be filed out by whomever performing work. Must be owner or ficensed contractor. Address, company name & phone must match information on license.

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Harnett County Central Permitting
PO Box 65 Litington, NC 27548
Telephone Number 810-893-7525 www.hemett.org
Application for Building and Trade Permit

Owner's Name: Associated Beilders of leg Catit	Date: 3-29-69
Address: 1797 N Plane Rd Santand N 27550	
Directions to job site from Lillington: 24-77 to To 87 N - 1	an Calisser CH Rel
Job is to mile on Rt	
Subdivision:	Lot 1
Construction Type: (Please Check) Building Use: (Please C	
X NewMoved HouseX Residential	Commercial
RenovationAdditionOtherModuler	Multi-Family
Total Project Cost: 80000 Description of Proposed Work:S	ER
General Contractor Information Heated SF /244Crawl Space (*) Slab (*) Building Construction C	
Unheated SF 442 Arres Disturbed 4	Stories
Associated Birletes of les Co Tic 919-1	2353-018D
Euillaing Contractor's Company Name Telephone	
1797 N Pland Hel Sentend N.C 27330	52861
Addys	License #
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of	frem & unrivan somn
Electrical Permit Information	_
Description of Work Electrical Cost : TS Pole: Yes (No () Underground () Overhead ()	5000.00_
	200 Amps
J. M. Por Elect 915-86	0-3656
Electrical Conflactor's Company Name Telephone	
3483 CAMISON Dr. Sanford NC, 22336	5 <u>21326</u>
Audi 658	License #
Signature of Officer(s) of Corporation	
Description of Work 5 5	
	rical Cost \$ 600000
Parting against a	-276-6118
Mechanical Contractor's Company Name Telepho	ne
257 Charlotte Aux Sandond N.C 223	10 09988 N-2. H.Z
Address	License #
Signature of Officer(s) of Corporation	
Plumbing Permit information	
Alexandra of Politica	
Plumbing Cost \$	SARRID
Plumbing Contractor's Company Name (elephon	78578/
was a sulling to	· ·
Address Address	License #
	Elizable &
Signature of Officer(s) of Corporation	
Insulation Permit Information Residential () Other ()	Not Required ()
Insulation Contractor's Company Name & Address	restituile NC 28301
Dan a see	Telephone 910-486.8855

#69988 N.C. Licease



P.O. Box 1049

Sanford, NC 27331-1049

Phone: (919) 776-5118

(919) 776-KING

Fax: (919) 775-7223

To: Thike	FROM: Kirt Heating + fin
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NOTES/COMMENTS:	

Plan Box Number <u>B-6</u>

Job Name ASSEC. BUILDERS

Date: 3 - 29-07

Required Inspections for SFA/SFD

Appl. # 0 7 500 1 7225
Valuation # 111.8 7
Sq. Feet 1721

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
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