\* 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.

Application	#	17	2	2	6

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: Associated Builders of lee Cotive Date: 3-29-07
Address: 1797 N Pland Rd Santon NC 22335 Phone: 919.353-0180
Directions to job site from Lillington: 34-276 & 97N to Contrary CH Rol
Job is to mile on At
Subdivision:Lot:
Construction Type:       (Please Check)       Building Use:       (Please Check)         ✓ New       Moved House       ✓ Residential       Commercial         Renovation       Addition       Modular       Multi-Family
Total Project Cost: 80000 Description of Proposed Work: SFR General Contractor Information
Heated SF 1224 Crawl Space (X) Slab ( ) Building Construction Cost \$ 70,000   Unheated SF 427   Acres Disturbed 1/4   Stories 1
Building Contractor's Company Name  Telephone  Telephone
1797 N Pland Rd Santon NC. 27330 5286/ Address License #
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp  Electrical Permit Information
Description of Work SER Electrical Cost \$ 50000 TS Pole: Yes (x) No ( ) Underground ( ) Overhead (x) Permanent Service: Underground ( ) Overhead (x) Service Size:Amps
T.M. for Electrical Confractor's Company Name  Telephone  Telephone
3483 (amron Do Sanlard N.C. 20536 21326 Address DU Attorth 001
Signature of Officer(s) of Corporation
Description of Work, 5' FR
Number of Units Type System Mechanical Cost \$ Mechanical Cost \$
Mechanical Contractor's Company Name  919-776-5118  Telephone
957 Charlotte Air Sa ford N.C 27335 12999 11-2 43
Address NO attachod License #
Signature of Officer(s) of Corporation
Description of Work
Number of Baths Plumbing Cost \$ State 00
Plumbing Contractor's Company Name G19-775-678/ Telephone
1480 Zion CH Rd Santon INC 27330 7151
Address License #
Signature of Officer(s) of Corporation  Insulation Permit Information Residential (f) Other () Not Required ()
Tri-City Ever I ABIde Poor NIR Person Ct Finetterlile N.C. 2830/
Insulation Contractor's Company Name & Address Telephone 910 - 486 - 8855

	Application #	
	ust fill out this portion tem Information	1.
Sprinkler Contractor's Company Name	Contact & Telephone	
Address	License #	<b></b>
Signature of Officer(s) of Corporation Fire Alarm Sys	tem Information	
Fire Alarm Contractor's Company Name	Contact & Telephone	-
Address	License #	•
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Transpor	rtation Driveway Access/Permit? Yes	No
Homeowners Applying 1 Please answer the following questions then see a Permit Technic	to Build Their Own Home cian to determine if you qualify for permit under Owner	s Exemption.
Questionnaire per G.S. 87-14 Regulations as to I	ssue of Building Permits (Memo available	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 cons	struction of
3. Do you intend to directly control & supervis	e construction activities? yes	no
4. Do you intend to schedule, contract, or dire	ectly pay for all phases of construction	on 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 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 <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

3-28-05

Date

Application	#
-------------	---

## 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 confi the work set fort	rm under penalties of perjury that the person	(s), firm(s) or corporation(s) performing
_/_	Has/have three (3) or more employees and had compensation insurance to cover them.	as/have obtained workers'
	Has/have one (1) or more subcontractors(s) a compensation insurance to cover them.	and has/have obtained workers'
	Has/have one (1) or more subcontractors(s) workers' compensation insurance covering the	who has/have their own policy of emselves.
	Has/have not more than two (2) employees a	nd no subcontractors.
Department iss insurance prior firm or corporati	in the project for which this permit is sought it is using the permit may require certificates of to issuance of the permit and at any time duri on carrying out the work.	ng the permitted work from any person,
Firm Name:	Sepusated Builders of	Leel gestly Loke
Sign/Title:	arraf leed presio	lent
Date: Z-	29-07	

1/1

9108932793

Hernett County Plenning

0100033763

HARNETT CO. PLANNING SERVICES

06-11-2007 00:55:51

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\* Rean eaction selow to be faint out by strement particuling early, faint to easi or Scarced contractor. Address, europerly tests & phone must restall information on

Hermati County Plenning

Application #\_

Harnet County Central Fermitting FO Bes 65 Liberton, NC 27845 phone Humber 870-488-7025 www.harnet.org estion for Building and Trade Permit Directions to job alter from Littington: \_\$1/-27 Lot Subdivision: Construction Type: (Please Check) <u>Ruiding Use</u>: (Please Check) \* Residente Commercial Multi-Family Modular Renovation Addition Other Total Project Cost: 188000 Description of Proposed Work: marei Contractor Information

() Building Construction Con 72000.00 ASIGCrawl Specify ( Sieb ( ) Heated SF Acres Disturbed Universitad SF Company N ing Oor 5284 icer(s) of Corporation — Must also beat of love & workers comp Electrical Parenti Internation Section Cost 9 TS Pole: Yes () No () Underground Permanent Service: Underground () rground ( ) Service Size: Overheed.(f) ctor's Company Name ure of Officer(s) of Corporation elemiosi Permit Information Machanical Cost & Scale 19.776-6118 Signature of Officer(s) of Corporation Piscoline Pennit Inferitation Description of Work Plumbing Cost &... Number of Battle r(s) of Corporation dion Purnit Information Pasidendal () Other () Not Required () FARTURE ME 2832V Turn RALL Mon Contractor's Cumpany's Telephone 9/0-486-5865 1/07 Page 1 of 3

\* Each section below to be filled out by whomever performing work. After the owner or licenced contractor. Address, company name & phone must match information on lloense,

Application #\_
Harnett County Central Permitting
PO Box 65 Lington, NC 27848
Telephone Number \$10-893-7626 www.homet.org
Application for Building and Trade Permit

Owner's Name:	servited Beilder	college Co II		•
Address: /202	N Planet Rd So	Now 14 220	es Phone: A.A. >	<u> </u>
	ite from Lillington: 24-27			
Job is to	mile ON Rt			-
Subdivision:	- Action and the second	inner in	Lot 1	
Construction Type	: (Please Check)	Building Use: (Please		<del> </del>
	_Moved House	∠ Residential	Commercial	
		Modular	Muhi-Family	
Total Project Cost:	86000 Description of I	Proposed Work:	FR	•
Heated SF /244	Crawl Space ( ) Slab ( )	Contractor Information Building Construction	en   Cost \$ <i>  70,000,00</i>	•
Unneated SF	7	Acres Disturbed	// Stories /	
ASSOCIATED R	s Company Name		12353-018C	<u>&gt;</u>
1747 H Ph	VARI Saxlend	Telephone		
Address	A CONTRACT	No. 1735	License #	
Jane 1	Elecal_			
Signature prowner	/Contractor/Officer(a) of Corp	oration — Must sign back al Permit Information	of form & workers comp	
Description of Work	_5 F-10	Flactrical Con	18_5000.00	
Permanent Service:	No() Underground() Underground() Overhei	Overhead (*)		·····
J. to Post	Ekch	-	Amps Amps	
Electrical Contractor	's Company Name	Telephone	20-309	-
3483 Cans Address	Com Dr. Santo	N.C. 2233	6 2/32 License #	<u> </u>
Signature of Officer(	s) of Corporation			
Description of Work	. Machanic	al Permit Information	<b>l</b> ,	
Number of Units		Hart & makering	enical Cost \$ 5000	
Mechanical Contract	to HOOKitya u Myn		9.776-8118	
957 Charl	otte for Santa	nd N.C. 773		1-2. H.3
Address	1 1 1 .		License #	- x. m,5
Signature of Officer(s	7 Arborough	r, <del>p</del>		
•		Permit Information		
Description of Work _ Number of Baths	SFIC			
Reliable DI	n dian	Plumbing Cost \$	500000	•
Plumbing Contractor's	Company Name	Talepho	28 5 8/_ ne	
1480 2 mil	MAN Santon	110 273	30 7/6/	
Address			License #	
Signature of Officer(s)	of Corporation			
Inaul	Mon Permit Information R	esidential () Other (	) Not Required (1	
Miller Lugar	S. I. Klish Down H.	8 Possor St		c 2832V
WINDSHIELD CONTRACTOR'S	Company Warne & Address		<i>y</i>	-486.885

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

Job Name ASSOC. BUILDERS

Date: 03-29-07

## Required Inspections for SFA/SFD

Appl. # <u>07 500 | 7226</u> Valuation <u># ///, 817</u> Sq. Feet | 72|

## 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
	<del>-</del>