Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

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V Application for	r Building and Trade Permit	
Owner's Name: Knac (USton Hom	S INC Date: 3-26-07	
Address: 3408 Autumn mist P	Filone. 417 369 300	
	- Ballard R2 R on Riverstone Or	
1+10 12 00 the COLLER OF	t Riverstone Or and Grabtnesect.	
Subdivision: Live stone	Lot: \ 6	
Construction Type: (Please Check)	Building Use: (Please Check)	
New	Residential	
Renovation	Modular	
Addition	Commercial	
Moved House	Multi-Family	
Other Description of Proposed Work:les &e	1-1 0 1-6	
Description of Proposed Work: <u>Les de</u> Total Project Cost: <u>\\35,000</u>	ntal construction	
10tal 1 Toject Cost		
Ruilding	Permit Information	
Heated SF 1591 Crawl Space (*)	Building Construction Cost \$ \ \ 35, 600	
Unheated SF Slab ()	Acres Disturbed SOACES Stories \	
The well Buil Have Inc	919 369-568)	
Building Contractor's Company Name	Telephone	
3406 Autumn migt PL.	56979	
Address Oroman VI	License #	
Signature of Officer(s) of Corporation	_	
orginature of Officer(s) of Corporation		
Electrical	l Permit Information	
Description of Work New Construction	Electrical Cost \$ 5500	
TS Pole: Yes (X) No () Underground (x)	Overheard ()	
Permanent Service: Underground(X) Overhe	ead () Service Size: 200 Amps	
Kerns Electric	919-359-6009	
Electrical Contractor's Company Name	Telephone	
Address	<u> </u>	
Lang Keen	License #	
Signature of Officer(s) of Corporation	-	
gradient or officer (c) of corporation		
, <u>Mechanica</u>	l Permit Information	
Description of Work NOW Construction	<u>^</u>	
Number of Units Type System _	Hat Pump Mechanical Cost \$ 6500	
Air Essentials	919 5671237	
Mechanical Contractor's Company Name	Telephone	
Address NC	<u> 21536</u>	
Jack Rank	License #	
Signature of Officer(s) of Corporation	-	
/ composition		
, Plumbing	Permit Information	
Description of Work Now Construction		
Number of Baths	Plumbing Cost \$ 6000	
LK Glove Pumbing Inc	919 894 58 92	
Plymbing Contractor's Company Name	Telephone	
POBOX 164 Bonson NC 27504		
Address Seur	License #	
Signature of Officer(s) of Corporation		
(,, , , , , , , , , , , , , , , , , , ,		
Insulation Permit Information		
Residential (1) Other () Not Required ()	···	
HIP Trysulation JNC	360 Wolffack LN Ynggrille 9106932246	
Insulation Contractor's Company Name	Address Telephone	

Page 1 of 3

12/04

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

pplicant for Building Permit # being the:
ontractor wner ficer/Agent of the Contractor or Owner
n under penalties of perjury that the person(s), firm(s) or corporation(s) k set forth in the permit:
as/have three (3) or more employees and has/have obtained workers' ompensation insurance to cover them.
as/have one (1) or more subcontractors(s) and has/have obtained workers' ompensation insurance to cover them.
as/have one (1) or more subcontractors(s) who has/have their own policy of orkers' compensation insurance covering themselves.
as/have not more than two (2) employees and no subcontractors.
the project for which this permit is sought it is understood that the Central nent issuing the permit may require certificates of coverage of worker's rance prior to issuance of the permit and at any time during the permitted work m or corporation carrying out the work.
oc Custom Hones Inc.
Commack Presided.
רכ

M Sprini	<u>cier System Information</u>
Sprinkler Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation Fire Al	arm 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 correct and that the construction will conformation on the above contractors is including listed contractors, site plan, but	o make necessary application, that the application is inform to the regulations in the Building, Electrical, the Harnett County Zoning Ordinance. I state the correct as known to me and if any changes occur ilding and trade plans, Environmental Health permitify it is my responsibility to notify the Harnett County
Signature of Owner/Contractor/Officer(s) of	Corporation Date

Plan Box Number	A-4
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Job Name WELL BULT Home

Date: 5-14-07

Required Inspections for SFA/SFD

Appl. # 07500 | 7246 Valuation # 146,056 Sq. Feet 2248

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