

* 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 # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: JEROME + TERRY COX Date: 4/10/07
Address: 95 SHERMAN PINES DR. FURQUAY Phone: 567-9244
Directions to job site from Lillington: HWY 401 TOWARDS VARINA, NC
1/4 MILE ON LEFT PAST PINEY GROVE - BAWLS RD.
Subdivision: SHERMAN PINES Lot: 2

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

Total Project Cost: 312,000 Description of Proposed Work: NEW RESIDENCE

General Contractor Information

Heated SF 2737 Crawl Space () Building Construction Cost \$ 312,000
Unheated SF Slab () Acres Disturbed .5 Stories 2

NC CUSTOM HOMES, LLC Telephone (919) 946-3662
Building Contractor's Company Name
1508 MYCENAE PL. FURQUAY VARINA NC License # 61623
Address

David Cox
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information

Description of Work RESIDENTIAL ELECTRICAL Electrical Cost \$ 10,000
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: 100 Amps

AMTEC ELECTRIC Telephone (919) 524-9879
Electrical Contractor's Company Name
622 SUNSET LK RD. FURQUAY VARINA License # 22335-L
Address

Robert Moran
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work RESIDENTIAL HVAC Mechanical Cost \$ 9,000
Number of Units 2 Type System HP

M + H HEATING & AIR INC. Telephone (919) 552-9223
Mechanical Contractor's Company Name
126 FURQUAY AVE. FURQUAY VARINA License # 4412
Address

Hank Allred
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work RESIDENTIAL PLUMBING Plumbing Cost \$ 10,000
Number of Baths 3 1/2

W + W PLUMBING INC. Telephone (919) 639-0195
Plumbing Contractor's Company Name
PO BOX 1239, ANGLIER, NC License # 14087
Address

Rich Wells
Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

INSULATION INC. 5902 FAYETTEVILLE Telephone (919) 772-9000
Insulation Contractor's Company Name & Address ORALETTA

Sprinkler System Information - Commercial

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information - Commercial

Fire Alarm Contractor's Company Name

Telephone

Contact Person

Address

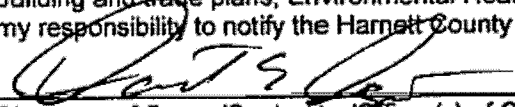
License #

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

4/10/07

Date

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

The undersigned applicant for Building Permit # _____ being the:

DED 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.

DED 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: A/C CUSTOM HOMES LLC

Sign/Title: David E. [Signature] / President & Manager

Date: 4/9/07

Plan Box Number 95

Job Name NC Customs #2

Date: 4-10-07

Required Inspections for SFA/SFD

Appl. # 07-5-17306
Valuation 208233
Sq. Feet 3205

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60		Four Trade Final
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit