

07-50017352

Application for Building and Trade Permit

Owner's Name: Travis Webb Homes Date: 5/1/07
Address: PO Box 585 F.V. NC 27526 Phone: 919 422 3330
Directions to job site: old A&E from Lillington, turn @ ON Tilden Harnett
Joben Right

Subdivision: Mamie Bell Ridge Lot: 88

Construction Type: (Please Check) Building Use: (Please Check)

- New
 - Renovation
 - Addition
 - Moved House
 - Other
- Residential
 - Modular
 - Commercial
 - Multi-Family

Description of Proposed Work: New Construction Single Family
Total Project Cost: \$130,000

Building Permit Information

Heated SF 2359 Crawl Space Building Construction Cost \$ 125,000
Unheated SF 180 Slab Acres Disturbed .574 Stories 1 1/2
Travis Webb Homes Telephone 919 422 3330
Building Contractor's Company Name Address 60110
PO Box 585 F.V. NC 27526 License #
[Signature] Signature of Officer(s) of Corporation

Electrical Permit Information

Description of Work New Const Electrical Cost \$ 4500
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead Service Size: 200 Amps
Palman Electric Telephone 485-8619
Electrical Contractor's Company Name Address 6136-U
345 Wilkes Rd Fay NC 28303 License #
[Signature] Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New Const Mechanical Cost \$ 7000
Number of Units 92 Type System HP
Mark Air Telephone 484 6565
Mechanical Contractor's Company Name Address 28303
Rafreded Fay NC License #
Chandler [Signature] Signature of Officer(s) of Corporation

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Plumbing Permit Information

Description of Work General Plumbing New Const Plumbing Cost \$ 5000
Number of Baths 242
General Contract Plumbing Telephone 892-2263
Plumbing Contractor's Company Name Address 23160
PO Box 726 Coats NC 27521 License #
[Signature] Signature of Officer(s) of Corporation

Insulation Permit Information

Residential Other Not Required
Insulating Inc Address 772-9000
Insulation Contractor's Company Name 407-8463
Highway 901 Garner NC Telephone
27629

Sprinkler System Information

_____ Sprinkler Contractor's Company Name	_____ Telephone
_____ Contact Person	
_____ Address	_____ License #
_____ Signature of Officer(s) of Corporation	

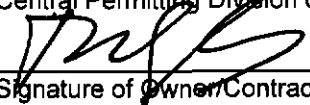
Fire Alarm System Information

_____ 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 Division of any and all changes.

 _____ Signature of Owner/Contractor/Officer(s) of Corporation	<u>5/1/07</u> _____ Date
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**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ being the:

- 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: Travis Webb Homes

By/Title: Travis Manager

Date: 5/1/07

Plan Box Number AA7

Job Name Webb

Date: 05-01-07

Required Inspections for SFA/SFD

Appl. # 07-5-17352
Valuation 152748
Sq. Feet 2351

Sequence

10	<u>✓</u>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<u>✓</u>	R* Building Foundation
20	<u>✓</u>	Address Confirmation
30-999	<u>✓</u>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<u>✓</u>	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	<u>✓</u>	R* Insulation
60	<u>✓</u>	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	<u>✓</u>	Envir. Operations Permit