

07-50017353

Application for Building and Trade Permit

Owner's Name: Travis Webb Homes Date: 5/1/07
Address: Po Box 555 FV NC 27526 Phone: 919 422 3380
Directions to job site: Take old 421 from Lillington - Turn @ @ DNR
Tilden Harnington - Job on R

Subdivision: Mamie Bell Ridge Lot: 89
Construction Type: (Please Check) Building Use: (Please Check)

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

Description of Proposed Work: New Const Single Family
Total Project Cost: \$170,000

Building Permit Information

Heated SF 1961 Crawl Space
Unheated SF 516 Slab
Travis Webb Homes
Building Contractor's Company Name Telephone
Po Box 555 FV NC 27526 6010
Address License #
TWW
Signature of Officer(s) of Corporation

Electrical Permit Information

Description of Work New Const Electrical Cost \$ 5000
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead Service Size: 200 Amps
Ailman Elec Telephone 489-8619
Electrical Contractor's Company Name Telephone
345 Wilkes Rd Fay NC 28303 6136-0
Address License #
POE
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work NEW CONST
Number of Units 2 Type System HP Mechanical Cost \$ 7000
Mark Air Telephone 484 6565
Mechanical Contractor's Company Name Telephone
Raceford Rd SFC Fay NC
Address License #
Clayton J...
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New Const
Number of Baths 2 1/2 Plumbing Cost \$ 5200
Glover Plumbing Telephone 892-2263
Plumbing Contractor's Company Name Telephone
Po Box 726 Lenoir NC 27521 23160
Address License #
Shawn Glover
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential Other Not Required
Insulating Inc Hwy 401 Garner NC 27524 Telephone 772-9000
Insulation Contractor's Company Name Address Telephone 427-8963

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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

Date *5/1/07*

**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: [Signature] manager

Date: 5/1/07

Plan Box Number AA7

Job Name Webb #89

Date: 5-1-07

Required Inspections for SFA/SFD

Appl. # 07-5-17353
Valuation 152,098
Sq. Feet ~~1544~~ 2341

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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit