TEach 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.

| Owner's Name: Joe Thomson | Sanaria and reduct o | Date: <u>\$/15/07</u> | |
|---|---|-----------------------|---------------------------|
| Address: 10644 115. 301 South | Barrey M.C. 27509 | Phone: 919-894- | 2200 |
| Directions to job site from Lillington: Take 4 | 21 month so al | out miles | |
| make a right time in last Sa | mis Rd co | about 1/4 miles | suldinsion |
| Subdivision: The Horizon | 0 ' // | Lot: 7 | on the ra |
| | Building Use: (Please Ch | neck) Commercial | , |
| Renovation Other | Modular | Multi-Family | |
| Total Project Cost: 140 000 00 Description of Pr | roposed Work: 1 | browned wini! | |
| Heated SF 1362 Crawl Space () | ontractor Information Building Construction Co | or \$ \$120 000 | |
| | Acres Disturbed | | |
| C.P. Tuescy Inc. | 919-422- | 0639 | |
| Building Contractor's Company Name | Telephone | _ | |
| | 28334 | 49425 | |
| Address | , | License # | |
| Signature of Owner/Contractor/Officer(s) of Corpo | oration — Must sign back of fo | um & workers comn | |
| Electrica Electrica | l Permit Information | | |
| TS Pole: Yes () No () Underground () | Electrical Cost \$ Overhead () | 2925 00 | |
| Permanent Service: Underground () Overhear | d () Service Size: | 700 Amps | |
| Burch Clutric + Repair Surre | . '' | · . | |
| Electrical Contractor's Company Name | Telephone | | |
| 143 Mingo Rd. Bingen M.C. 2 | 7504 | 21256-6 | |
| Address | | License # | |
| Signature of Officer(s) of Corporation | | | |
| Mechanica Mechanica | al Permit Information | | |
| Description of Work Number of Units Type System Z | Je Mechani Mechani | ical Cost \$ 3500 00 | • |
| Bearly Heating & Ari Ton | | 894- 4248 | |
| Mechanical Contractor Company Name | Telephor | 10 | |
| 57 WC Becaley Lane Coats, 11. | C. 27521 | 9497 | |
| Addiness | • | License # | |
| Spent pash | | | |
| Signature of Officer(s) of Corporation | Permit Information | | |
| Description of Work New Newson Trees | | | |
| Number of Baths 2 | Plumbing Cost \$ | 2860.00 | |
| Mumbing Contractor's Company Name | 919- | 894-872/ | |
| Plumbing Contractor's Company Mame | 1 elephor <i>N.C. 27504</i> | 10 /// | |
| Address | 74. 2/504 | License # | |
| Jone - Ten un | | | |
| Signature of Officer(s) of Corporation | | | |
| Insulation Permit Information | and all | Not Required (X) | NO 20110 |
| Tation Insulation II Tre | 5719 Old Abug 1 | Stre Md Horner | 11.C. 27529 661 - 0999 |
| Insulation Contractor's Company Name & Address | s U | Telephone Q 10 | 10/01 - 0999 |
| · · · · · · · · · · · · · · · · · · · | Page 1 of 3 | T /// ~ | 107 |

| Application | # | |
|-------------|---|--|
| | | |

| | ust fill out this portion tem Information | | |
|--|--|--------------|--|
| Sprinkler Contractor's Company Name | Contact & Telephone | | |
| Address | License # | | |
| 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 | tation Driveway Access/Permit? Yes No | | |
| , | | | |
| Homeowners Applying 1 Please answer the following questions then see a Permit Technic | to Build Their Own Home ian to determine if you qualify for permit under Owners Exem | ption. | |
| Questionnaire per G.S. 87-14 Regulations as to l | ssue of Building Permits (Memo available upon r | equest) | |
| 1. Do you own the land on which this building | will be constructed? yes ı | 10 | |
| 2. Have you hired or intend to hire an individu | | ion of no | |
| 3. Do you intend to directly control & supervis | se construction activities? yes | no | |
| 4. Do you intend to schedule, contract, or dire be done? | • | ork to no | |
| 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 necesand that the construction will conform to the regulat Mechanical codes, and the Harnett County Zoning Or contractors is correct as known to me and if any chang building and trade plans, Environmental Health permit my responsibility to notify the Harnett County Central Posignature of Owner/Contractor/Officer(s) of Corporation | tions in the Building, Electrical, Plumbing and redinance. I state the information on the above ges occur including listed contractors, site plan, changes or proposed use changes, I certify it is ermitting Department of any and all changes. | | |

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

| The undersigne | d applicant for Building Permit # being the: |
|-------------------------------------|---|
| | _ General Contractor Owner |
| | Officer/Agent of the Contractor or Owner |
| Do hereby confi the work set for | firm under penalties of perjury that the person(s), firm(s) or corporation(s) performing th 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. |
| Department iss insurance prior | on the project for which this permit is sought it is understood that the Central Permitting using the permit may require certificates of coverage of worker's compensation to issuance of the permit and at any time during the permitted work from any person, on carrying out the work. |
| Firm Name: 25. | 1. kunoze fre. |
| Sign/Title: | Junaya "per" |
| Date: 5/15 | 107 |

Plan Box Number <u>AA3</u>

Job Name CP Townage

Date: 4-18107

Required Inspections for SFA/SFD

Appl. # 07-5-17370 Valuation 84787 119 092 Sq. Feet 1305 +528= 1833

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 |
| | |