(1)0/3)

Harnett County Central Permitting PO Box 65 Lillington, NC 27146 Telephone Number 910-893-4759

	Trade Permit
Owner's Name: \[\sqrt{4} m \times \sqrt{7} Application for Building and Address: \(\frac{90}{2} \) = \(\times \times \) \[\times \sqrt{8} \] \[\times \times \) \[\times \sqrt{1} \] \[\times \times \] \[\times \] \[\times \times \] \[\times \times \] \[\times \times \times \] \[\times \times \times \times \] \[\times \times \times \times \times \times \times \times \] \[\times	Dats:
Owner's Name: JAM 25 JACKSON DULL	Phone: 910-892 mile on LEFT
Address: 902-c WEST Nago 5/2	TIMEN RO 12 MILE OF
Directions to job site: 27	3
Subdivision: Tingen PLACE	Lot: Building Usa: (Please Check)
·····································	mLimite) PT MIDBUIL U
	Commercial () Multi-Family ()
New () National () Other ()	Commission
New & Renovation () Moved House () Specify Type of Work: Other () Specify Type of Work:	
Building Permit lafe	ng Construction Cost \$ /10 000 - 00 No Cost \$ /10
Hullaung Parint and	ng Construction Cost \$ 110 000
Heated 2200 Crew Space () Acres Disturbed	1/2 Stories 2 AND FARM RA COUTS NO 2)52/
Unheated Since Rullings	
VARIA VALUE AND	911-897-5563
Building Contractor's Company Name	Telephone
Signature of Officer(s) of Corporation License #	The state of the s
	es Professional Marie
Participal Division D	Blockles Cost 9
Dosertotics of Work Control of Co	2/1/3 Assess
The Pole: Ven of Page Of Salary Control	Service Sico No Property No.
Black of Floor Filed Cocuics dus	15-077-U 919 639 4837
Control of Control Name	119 489 4837
Talley Malan	14-017-U 9/9 639 435
Bertan Electric (a) at American	Liesan a
Insulation Permit Lu	formation
Owher O Not Required	39 PARN AVE CLINTON NC D8328
Kandandan of San Table 1877 Con	Address
Insulation Contractor's Company Name	*****
Insulation Contractor's Company Name	
Telephone assument powerit !	nformation
	TOTAL NOTATION TOTAL TOT
Description of the same of the	
Plant Ac) O MAN
Machanisal Controller's Complete Name	Address 28827
	Telephone
Signature of Officer(s) of Corporation License #	
Plumbing Parmit	Information
Number of Bath	Plumbing Cost \$
Description of Work	Plumbing Cost 5 80 3 E. Maria Ct, Warm No
	or 910-892-1362
Partitions Contractor's Company Name 1909	110 To the state of the state o
Signature of Officer(s) of Corporation License	Telephone
Asiana and the second of the s	

45				
st fill out this portion em Information				
Contact & Telephone				
License #				
Signature of Officer(s) of Corporation Fire Alarm System Information				
Contact & Telephone				
License #				
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit? Yes No				
to Build Their Own Home tian to determine if you qualify for permit under Owner.	s Exemption.			
ssue of Building Permits (Memo available	upon reques			
y will be constructed?yes	no			
ual to superintend and manage cons	truction o			
se construction activities? <u>v</u> yes	no			
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?				
,	no			
iliding for at least 12 consecutive mood understand that if you do not do raudulently secured the permit?	nths			
1	Em Information Contact & Telephone License # License			

mechanical codes, and the Harnett County Zoning Ordinarios.

contractors is correct as known to me and if <u>any</u> 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.

5-7-07

Signature of Owner/Contractor/Officer(s) of Corporation

Application #	
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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			
	firm under penalties of perjury that the person the in the permit:	n(s), firm(s) or corporation(s) performing		
	Has/have three (3) or more employees and h compensation insurance to cover them.	as/have obtained workers'		
	Has/have one (1) or more subcontractors(s) a compensation insurance to cover them.	and has/have obtained workers'		
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 a	and no subcontractors.		
Department iss insurance prior firm or corporati	on the project for which this permit is sought it is suing the permit may require certificates of to issuance of the permit and at any time durition carrying out the work.	f coverage of worker's compensation ng the permitted work from any person,		
Firm Name: V	TAMES JACKSON HOME	34°LDZRS		
Sign/Title:	ames JACKSON HOME A	my		
Data: US	-7-07 U			

Plan Box Number 18

Job Name Jackson #3

Date: 5-7-07

Required Inspections for SFA/SFD

Appl. # 07-5-17393 Valuation 175813 Sq. Feet 2706

Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999 V	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
	1