Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

Application for	Building and Trade Permit	
Owner's Name: LEOGER HOME		
Address: 85 RIVERSTONE	DR. Phone: 7484315616	
Directions to job site: US401 To BOL	DED KO LIDKTH	
Subdivision: RIVERSTONE	Lot: 3	
Construction Type: (Please Check)	Building Use: (Please Check)	
X New	Residential	
Renovation	Modular	
Addition	Commercial	
Moved House	Multi-Family	
Other	la a =	
Description of Proposed Work: NEW 1- Total Project Cost: \$65,000	CFIE	
Total Project Cost		
Buildir	ng Permit Information	
Heated SF \\S4 Grawl-Space (-)	Building Construction Cost \$ 85000	
Unheated SF4o5Slab ()	Acres DisturbedStories _2	
LEDOR HOMES INC	2484315616	
Building Contractor's Company Name	Telephone	
121 E. DOVISON LK RO		
Address 2	License #	
Signature of Officer(s) of Corporation		
Signature of Officer(s) of Corporation		
<u>Electric</u>	cal Permit Information	
Description of Work Wiring	Electrical Cost \$ 4,500	
TS Pole: Yes () No () Underground (4)	Overheard ()	
Permanent Service: Underground () Ove	rhead () Service Size: 200 Amps Amps 259-8009	
Kearns Stectrical Service	7/9 359-8004 Telephone	
Electrical Contractor's Company Name 149 Allie Ir. Garner N.C.	21529 Leiepholie 22849	
Address //	License #	
Address Geonard Kenn	-10 -277-2-11	
Signature of Officer(s) of Corporation		
	ical Permit Information	
Description of Work 1VAC	新5 800 m Mechanical Cost \$	
Number of Units Type Syste		
Mechanical Contractor's Company Name		
Mechanical Contractor's Company Name	c, 21536	
Address	License #	
lay terry	<u> </u>	
Signature of Officer(s) of Corporation		
. Blumbi	ing Pormit Information	
, () = r	ing Permit Information	
Number of Baths 2/2	Plumbing Cost \$ 6 000	
LR (Florer Plumbing	779-1237	
Plumbing Contractor's Company Name	Telephone	
PoBox 764 Benson NC 275	<u> </u>	
Address	License #	
edilever		
Signature of Officer(s) of Corporation		
Insulation Permit Information		
Residential W Other () Not Required ()		
ALLEO NOUL,	360 WOLF BOLK 919 556900	
Insulation Contractor's Company Name	Address Telephone	

Sprinkler System Information		
Sprinkler Contractor's Company Name	Telephone	
Contact Person		
Address	License #	
Signature of Officer(s) of Corporation		
	tem Information	
Fire Alarm Contractor's Company Name	Telephone	
Contact Person	_	
Address	License #	
Signature of Officer(s) of Corporation		
<u>Drivewa</u>	y Access	
NC Department of Transportation Driveway Access/	Permit? Yes No 🗶	
I hereby certify that I have the authority to make correct and that the construction will conform to Plumbing and Mechanical codes, and the Harninformation on the above contractors is correct a including listed contractors, site plan, building an changes or proposed use changes, I certify it is no Central Permitting Division of any and all changes.	o the regulations in the Building, Electrical, ett County Zoning Ordinance. I state the as known to me and if <u>any</u> changes occur of trade plans, Environmental Health permit my responsibility to notify the Harnett County	
MA	06/25/07	
Signature of Owner/Contractor/Officer(s) of Corpora	tion Date	

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

The undersigned	d applicant for Building Permit # being the:	
<u> </u>	Contractor Owner Officer/Agent of the Contractor or Owner	
Do hereby corperforming the v	firm under penalties of perjury that the person(s), firm(s) or corporation(s) 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:	EDDRE HOMES INC	
By/Title:	IL BUCHAN-OWNER & GENERAL CONTRACTOR	
Date: _ 06,	/25/07	

Plan Box Number E-2

Job Name LEADER Homes

Date: 4-30-07

Required Inspections for SFA/SFD

Appl. # 0750017418 Valuation <u>#148,784</u> Sq. Feet 2290

Sequence

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