Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-4759 www.harnett.org

Owner's Name: Wacker Deve Oppy Control Date: 8/29/07 Address: 1300 Brage Sive Suffer Bills Phone: 910-030-21 Directions to job site: Hwy 37 w to Tingence 2nd Doctor Deve To the 35k.
Subdivision: Suppose (Please Check) Construction Type: (Please Check) New Residential Modular Addition Moved House Other Description of Proposed Work: New Residential Total Project Cost:
Heated SF (Crawl Space () Building Construction Cost \$ // Stories
Electrical Permit Information Description of Work Install Electrical Electrical Cost \$ 4000 TS Pole: Yes () No () Underground () Overheard () Permanent Service: Underground () Overhead () Service Size: 200 Amps SECS Electric 919-718-1156 Electrical Contractor's Company Name Telephone 1206 Pendergraff Rd. Sanford, NC 27330 # 18002-L Address License # Signature of Officer(s) of Corporation
Description of Work Install Heat Pump Number of Units //a. Type System Heat Pump Mechanical Cost \$ 460000 Monty's HVAC 910-237-6011 Mechanical Contractor's Company Name Telephone 945 S. Parker Church Rd. Raeford, NC 28376 # 16828 Address License # Signature of Officer(s) of Orporation
Description of Work Install Plumbing Number of Baths 200 Plumbing Cost \$ 5200 H.F. Dorman Plumbing 910-483-7082 Plumbing Contractor's Company Name Telephone 4225 Final Approach Dr. Fayetteville, NC 28312 # 04132 Pl Address J. License # Signature of Officer(s) of Corporation
Insulation Permit Information

Application #	

	ust fill out this portion em 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 Exemption.			
Questionnaire per G.S. 87-14 Regulations as to l	ssue of Building Permits (Memo available upon request)		
1. Do you own the land on which this building	will be constructed? yes no			
2. Have you hired or intend to hire an individu	ual to superintend and manage construction of yes 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?	ectly pay for all phases of construction work to yes 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 nece and that the construction will conform to the regular Mechanical codes, and the Harnett County Zoning O contractors is correct as known to me and if any chan building and trade plans, Environmental Health permit my responsibility to notify the Harnett County Central Postporation of Owner/Contractor/Officer(s) of Corporation	tions in the Building, Electrical, Plumbing and rdinance. I state the information on the above ges occur including listed contractors, site plan, changes or proposed use changes, I certify it is permitting 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:
	Contractor Owner Officer/Agent of the Contractor or Owner
	afirm under penalties of perjury that the person(s), firm(s) or corporation(
 	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.
X	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.
Permitting Dep compensation i	on the project for which this permit is sought it is understood that the Central artment issuing the permit may require certificates of coverage of worker issurance prior to issuance of the permit and at any time during the permitted work.
Firm Name:	eaver Development CO., Inc.
By/Title:	cent Daill Experiatendout
Date: 8	129/07

Plan Box Number F-6

Job Name WEAVER

Date: 9-5-07

Required Inspections for SFA/SFD

Appl. # 0750017460Valuation 4137544Sq. Feet 2117

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	
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
50	One Trade Rough In > 2500
60	R* Insulation
	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