* Each section below to be filled out by		
who never performing work. Must be		
owner or licensed contractor. Address,		
comp ny name & phone must match		
information on license.		

Application #_ Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-7525 www.hamett.org

Application for E	Building and Trade Permit		
Owner's Name: Dail Builders	Inc Date: 5-8-07		
Address: POBO 5 2555 Lotal	Masmalia Cat Phone: 919524-29		
Directions to job, site from Lillington: Take	401 N to Rawls Club		
Rd. Take right + then			
Subdivision: Magnolia Crest	Lot: 26		
Construction Type: (Please Check)	Building Use: (Please Check)		
New Moved House Other	Residential Commercial Modular Multi-Family		
Total Project Cost: 250, 800 Description of F			
	entractor Information		
Heated SF 2441 Crawl Space (4)	Building Construction Cost \$ 220,800		
Unheated SF960 Slab ()	Acres Disturbed 1/2 Stories 2		
Dail Beilders For	919-524-2975		
Delicina Cantantaria Company Nama	T-lh		
Da Roy (~ = 1 1 1). Constant	Telephone C (a / 05 3		
Pa Bay 655 Holly Springs N	54° License #		
Address 8-7	77 License #		
Signature of Owner/Contractor/Officer(s) of Corp	poration		
. Electrical	Permit Information		
Description of Work New Rosidont.	al Electrical Cost \$ /0, 200		
TS Pole: Yes (No () Underground ()			
Permanent Service: Underground () Overhe			
Eugle Electrical Service	ログルー 自動力 ロウカ・マンイン		
Electrical Contractor's Company Name	Telephone		
7633 Special Baggett 12	2 100 - 1		
Address Of 30351	License #		
Address 0.0.28334	License #		
	•		
Signature of Officer(s) of Corporation			
Mechanica	Permit Information		
Description of Work New Construction	HYAC TO THE TABLE		
Number of Units 2 Type System	Elect Heat RingMechanical Cost \$ 10, 800 9,0 980-1209		
Mechanical Contractor's Company Name	Telephone		
6623 Sherill Basset Rob Boduis	21319		
Address / / / / / /	License #		
X and & Clark			
Signature of Officer(s) of Corporation			
Plumbing Permit Information			
Description of Work New Residential			
Number of Baths 2.5	Plumbing Cost \$ /0,000		
Plumbing Contractor's Company Name	Telephone 02628		
Ben 48 4 Manara F.			
Address of Lance	License #		
Signature of Officer(s) of Corporation			
Insulation Permit Information			
Residential () Other () Not Required ()	Ralesh Ne		
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 Fire Al	arm System Information
Fire Alarm Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation	
1	Driveway Access
NC Department of Transportation Driveway	Access/Permit? Yes No
correct and that the construction will con Plumbing and Mechanical codes, and th information on the above contractors is c including listed contractors, site plan, buil	o make necessary application, that the application is a make necessary application, that the application is a make necessary applications in the Building, Electrical, and Electrical and Elec
	5-8-07
Signature of Owner/Contractor/Officer(s) of (Corporation Date

Application # 17516

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

The undersigne	ed applicant for Building Permit #	_being the:
***************************************	General Contractor Owner	
	Officer/Agent of the Contractor or Owner	
	firm under penalties of perjury that the person(s), firm(south in the permit:	s) or corporation(s) performing
	Has/have three (3) or more employees and has/have compensation insurance to cover them.	obtained workers'
***************************************	Has/have one (1) or more subcontractors(s) and has/h compensation insurance to cover them.	ave obtained workers'
	Has/have one (1) or more subcontractors(s) who has/f workers' compensation insurance covering themselves	
4.00.000 gorgan	_ Has/have not more than two (2) employees and no sul	ocontractors.
Department iss insurance prior	on the project for which this permit is sought it is underst suing the permit may require certificates of coverage to issuance of the permit and at any time during the petion carrying out the work.	ge of worker's compensation
Firm Name:	Jas Bulders Inc	
Sign/Title:	P	
Date:	5-11-07	

Plan Box Number AA-4

Job Name DAU

Date: <u>5-9-07</u>

Required Inspections for SFA/SFD

Appl. # 0750017516 Valuation # 191, 276 Sq. Feet 2944

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