* Each 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.

Application # 075007521

Harnett County Central Permitting
PO 80x 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org

Application for	building and Trade Permit
Owner's Name: Joseph Csaldton	Date: <u>6 - さい- つて</u>
Address: 10% conta water lan 9:45%	50, DC 27317 Phone: 545-9675
	I David church no higher C
that on wellinger no tages	
Subdivision: Wardham & Jaco	
Construction Type: (Please Check)	Building Use: (Please Check) ✓ Residential Commercial
Total Project Cost: Description of Project Cost	roposed Work: Day Commentar
Heated SF 3360 Crawl Space (Slab () Unheated SF 600	Building Construction Cost \$ /70000 OO Acres Disturbed
Jasan Courtee	919-545-9675
Building Contractor's Company Name	Telephone
Address Hollas Lin, Pith	License #
	License #
Signature of Owner/Contractor/Officer(s) of Corpo	
Description of Work TS Pole: Yes (Y No () Underground (Y Permanent Service: Underground (Y Overhead Service) Electrical Contractor's Company Name	Overhead ()
Electrical Contractor's Company Name	Telephone
Address Hollan have Pi	License #
Sanatura of Officer(a) of Commention	
Signature of Officer(s) of Corporation Mechanic	al Permit Information
Description of Work New Conduction	
	Mechanical Cost \$ 0000
Mechanical Contractor's Company Name	Telephone
1 0 1	7.7079
Address	License #
Signature of Officer(s) of Corporation	
Plumbing	g Permit Information
Description of Work Sees Books State State	Plumbing Cost \$ 450.00
waw Pholing Co., Inc.	
Plumbing Contractor's Company Name	Telephone
	180H 10ETS
Address	License #
relies of the contraction	
Signature of Officer(s) of Corporation Insulation Permit Information	Residential (Other () Not Required ()
Sim attended	Fangethillo 10C
Insulation Contractor's Company Name & Addres	S Telephone

	Application #	
	bs must fill out this portion	
Sprinkler Contractor's Company Name	Contact & Telephone	
Address	License #	_
Signature of Officer(s) of Corporation Fire Alarm	n System Information	
Fire Alarm Contractor's Company Name	Contact & Telephone	
Address	License #	-
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Tra	unsportation Driveway Access/Permit? Yes	No
Questionnaire per G.S. 87-14 Regulations as 1. Do you own the land on which this buil 2. Have you hired or intend to hire an indithe project? 3. Do you intend to directly control & sup	Iding will be constructed? yes lividual to superintend and manage cons yes ervise construction activities? yes	no struction onono
4. Do you intend to schedule, contract, or be done?	r directly pay for all phases of constructi yes	on work to
5. Do you intend to personally occupy the following completion of construction and coreates the presumption under law that you	do you understand that if you do not do	
Sign & date		
I hereby certify that I have the authority to make and that the construction will conform to the remechanical codes, and the Harnett County Zonic contractors is correct as known to me and if any building and trade plans, Environmental Health permy responsibility to notify the Harnett County Central Research	egulations in the Building, Electrical, Plumbing ing Ordinance. I state the information on the a changes occur including listed contractors, site ermit changes or proposed use changes, I certif	and above plan, fy it is

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

The undersigne	d applicant for Building Permit # 0150017521 being the:
×	General Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby conf the work set for	firm under penalties of perjury that the person(s), firm(s) or corporation(s) performing th in the permit:
water and the second transfer to the	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
enagen its a stilling it till gatt hoggitting en	Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
<u>×</u>	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 suing 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, ion carrying out the work.
Firm Name:	OSAMBOD ACED
Sign/Title:	offer comes
Date: 6-2	\-o~

AP

		,		
Plan	Box	Number	·	

Job Name Jasen Califice

Date: 6-18-87

Required Inspections for SFA/SFD

Appl. # 07-580 17521 Valuation 715185 Sq. Feet 3312

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
**************************************	2 Operations I chill