SCANNED 7-08

* 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 # 07-500175703

nne å phone must match information on ense.		Central Permitting	
Annik	Phone 910-893-7525 Fex	910-893-2793 www.harnett.o.	na .
Owner's Name:	CHANGE IN LEGISLATION	a Building and Tradea	Permit
THE THE PARTY OF T	LLIDUICA	TOC. Date	
Site Address: 585 Colesbook	Hack La France	W Varior Phone: 9	9-1039-2022
Directions to job site from Lillingt	on: US 421 3	to Christian	4-034-2073
then turn into	Cohestary	rood sld	Light Kom
	7	10101 OC	on right
Subdivision: Cohestoury	Park TIT		<u> </u>
Description of Proposed Work	Socia Consil	Lot:	<u> </u>
Heated SF 1180 Unheated S	TINIO TOTALLY	Chaching #8e	drooms: 3
January Simerro	General Control	Rec Room?	Crawl Space (4-8tab ()
Stancil Builder	<u> </u>	ctor Information	
Building Contractor's Company No	ane	919-639-20	7.3
	1 Rd., Angle	Telephone	
Address	A. I.	L, NC 2/501	034533
Justin Of Man		\$ \$ cot of our or our	License #
Signature of Owner/Contractor/Of	cer(s) of Corporation	Must sign & fill out secon	rd bage
Description of Work New Res	Electrical Pern	nit Information	•
Stancil-Owen Electr	TOOL THE	9 Size:Amps	TPole: yes/no
Electrical Contractor's Company N	Bune TUC.	919-639-207	3
466 Stancil Rd.	nated No 22	Telephone	
Address	MATERING 21	201	<u>13075-L</u>
Tool	المنا		License #
Signature of Officer(s) of Corporation		•	•
Dogodnik - til	Mechanical Pern	nit information	
Description of Work Residen	tial	St. Constant	
JC's Heating & Air		919-552	6250
Mechanical Contractor's Company I	Varne		-0238
Address Address	No. Holly	Springs, NC.	_12655-н3
1 mm	$\chi \nu$		License #
Signature of Office (s) of Corporatio			**************************************
a discontinuity of the serious) Diumbles Seed		
Description of Work Residen	Piumbing Permi	Uniomation	
Barnes Plumbing In-		# Baths	
Plumbing Contractor's Company Na	<u> </u>	919-639-	0935
PO Box 1207, Angier,	NC 27501	Telephone	
Address .	NC 27301	P177	35
Day Roma			License #
Signature of Officer(s) of Corporation	 -		
!	insulation Permit	Mormetion	
Insulating, Inc., Insulation Contractor's Company Nan	212 Home Ct	Detel	_
Insulation Contractor's Company Nah	e & Address	reaterah'NC 81	9-772-9000
İ		27603 T	elephone

Page 1 of 2

9/07

	Please answer the following question Questionnaire per G.S. 87-1	owners Applying to Build Their Owns then see a Permit Technician to determine if you que 4 Regulations as to Issue of Building Pe	VIT Home Ulify for permit under Owners Exemption.
	1. Do you own the land on w	high this building will be constructed?	yes no
		o hire an individual to superintend and m	
	3. Do you intend to directly c	ontrol & supervise construction activities	?vesno
	4. Do you intend to schedule done?	contract, or directly pay for all phases o	f construction work to be
	Do you intend to personally completion of construction and presumption under law that yo	decupy the building for at least 12 cons do you understand that if you do not do bu fraudulently secured the permit?	ecutive months following oso, it creates the
L			yesno
i (Mechanical codes, and the Harn contractors is correct as known to number of bedrooms, building and changes, I certify it is my responsing and all changes.	athority to make necessary application, that conform to the regulations in the Building, let County Zoning Ordinance. I state the in me and if any changes occur including listed trade plans, Environmental Health permit county to notify the Harnett County Central F	electrical, Plumbing and information on the above ed contractors site plos
3	Signature of Owner/Contractor/Of	ider(s) of Corporation Date	
7	Affidavit	or Worker's Compensation N.C.G.	C 07 14
	4 Promitt would	100,	
_	X General Contractor	OwnerOfficer/Agent of the C	Contractor or Owner
Si	o hereby confirm under penalties et forth in the permit:	of perjury that the person(s), firm(s) or corpo	oration(s) performing the work
	K Has three (3) or more emplo	yees and has obtained workers' compensati	on insurance to cover them
	Has one (1) or more subcon em.	tractors(s) and has obtained workers' compe	ensation insurance to cover
<u>}</u>		actors(s) who has their own policy of worke	
_	Has no more than two (2) еп	ployees and no subcontractors.	
Wi De o i o ar	hile working on the project for whi	ch this permit is sought it is understood that require certificates of coverage of worker's citime during the permitted work from any per	the Central Permitting ompensation insurance prior son, firm or corporation
	/	il Byilders, Ind.	
ig	n with e: flede	Presidentale:	2-22-08
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	/	Page 2 of 2	9/07

SCANNED

Plan Box Number AA-7

Job Name <u>STAWC1</u> L

Date: <u>2-22-08</u>

Required Inspections for SFA/SFD

Valuation \$ 98,042 Sq. Feet 150

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**