## Please email apper # to Karenoverson whomes can

| dans construction  |   | + 0111                                |   |  |
|--|---|---------------------------------------|---|--|
| •  | Christy                                 | tobic@ Why                            | 17                                      | 115  |
|  | ٦ `                                     | ) Amplicati                           | on.# //                                 | $\psi \supset \cup$                          |
| section below to be tilled out by<br>ver performing work. Must be owner<br>sed contractor. Address, company<br>a phone must match information on | Hamett County Co                        | non, NC 27546<br>28.7525 www.hamettor | <u> </u>                                |  |
|  | Application for Building                | ng and ) rade ren                     | <u> </u>                                |  |
| Owner's Name: 4444   | retructors, Inc                         | D                                     | ate: 7-30-01                            | 101.4  |
| Owner's Name: Harth  | odave, stroofa                          | 4nc 28303 P                           | hone: 110-784                           | 400.   |
| Directions to job alte from Lilling  | igtor:                                  |                                       |   | _  |
|  |   |                                       |   | <del></del>                                  |
| Subdivision: Woodshir  |   | he /please Che                        | ack)                                    |  |
| Construction Type: (Please C   |   | r Use: (Please Che<br>idential        | Commercial                              |  |
| New Moved Ho   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                       | _ Multi-Family                          |  |
| Renovation Addition  |   |                                       | _                                       |  |
| Total Project Cost:  | Description of Proposed                 | ! Work:                               |   |  |
| •  | General Contrac                         | TONSTRUCTION COS                      | 15 146,888.00                           | <u>)                                    </u> |
| Heated SF 2190 Crawl Space   | () Dullding<br>Acres C                  | Disturbed 0.50                        | Sidnes                                  | _  |
| Unineated SF MX Slab   |   | 910-486.                              | 4864                                    |  |
| HHHCOnstructors  |   | Telephone                             | ]                                       |  |
| Building Contractor's Compan   | y hame the                              | <b>√</b>                              | .31554                                  | U  |
| 2919 Breezewa  | 30 HO6-1715 10                          | <u> </u>                              | License #                               |  |
| Acdress  | ~~                                      |                                       |   |  |
| Signature of Owner Contracto   | 6 Compression                           | _ west sign back of for               | m & workers comp                        |  |
| Signature of Owner/Contracto   | Member(s) or corporation                | , , , , , , , , , , , , , , , , , , , |   |  |
|  | Electrical Permit                       | Electrical Cost \$                    |   |  |
| Description of Work  |   |                                       |   |  |
| Permanent Service: Undergro  | und() Overhead()                        | Service Size:                         | Amp <b>s</b>                            |  |
| TEN Electric   | Commonas                                | (010) ASL                             | 1-2000                                  |  |
| Electrical Contractor's Compa  | nv Name                                 | Telephone                             |   |  |
| J341 Swide   | Drive Four                              | c 28317                               | <u> 25333-</u>                          | U  |
| Address  | 77                                      |                                       | License #                               | •  |
| 700  | $n \mathcal{X}$                         |                                       |   |  |
| Signature of Officar(s) of Corp.   |   |                                       |   |  |
| agnative of officer(s) of corp   | ا الماقيات النا                         |                                       |   |  |
|  | Mechanical Perm                         | <u>iit Information</u>                |   | _  |
| Description of Work  | Number of Units                         | Type System                           | HP Mechanical Co                        | ost \$                                       |
| Cooper Mechanical, Inc   | PO Box 1                                | 068 Sanford, NC 2                     | 7331-1068                               |  |
| Mechanical Contractor's Con  | npany Name                              |                                       | ldress                                  |  |
| · Sty file   | <u>2680</u>                             |                                       | 919- <i>776-7537</i>                    |  |
| Signature of Officer(s) of Co.   | rporation License                       | # *                                   | Telephone                               |  |
|  |   |                                       |   |  |
| '  |   | _                                     |   |  |
|  | Plumbing Perm                           | rit information                       |   |  |
| Description of Work  |   | Plumbing Cost \$_                     |   | -  |
| Number of Beths  |   | 1 ~                                   | 1421 6272                               | _  |
| JasonAllen Bild  |   |                                       | 1291-291                                | <u></u>                                      |
| Plumbing Contractor's Comp   |   | Talephone                             | U ' ' ' ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | ے،   |
| 3511 FarmC   | urde 23 tay                             | uc 38301                              | 4-1 1821                                | <i>_</i> 7′⊃                                 |
| Acidress   |   | 7                                     | License #                               |  |

Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

Blass-Rite Iranlation POBOX450 Fox NC 28303

Insulation Contractor's Company Name & Address

Page 1 of 3

## Affidavit of Worker's Compensation Coverage N.C.G.S. 87-14

| The undersig  | gned applicant for Building Permit #   | being the                             |  |  |
|---|--|---------------------------------------|--|--|
| X   | Contractor   |                                       |  |  |
|   | Owner  |                                       |  |  |
|   | Officer/Agent of the Contractor  | or Owner                              |  |  |
| do hereby co  | onfirm under penalties of perjury that the persone work set forth in the permit: | on(s), firm(s) or corporation(s)      |  |  |
| <u>X</u>  | has/have three (3) or more employees and l compensation insurance to cover them. | nas/have obtained workers'            |  |  |
|   | has/have one or more subcontractor(s) and compensation insurance covering them.  | has/have obtained workers'            |  |  |
| <u>X</u>  | has/have one or more subcontractor(s) who workmen's compensation covering themse | has/have their own policy of<br>lves. |  |  |
| <u> </u>  | has/have not more than two (2) employees   |                                       |  |  |
| 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 workers' 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:  | HAH Constructors, Inc.   |                                       |  |  |
| ву: <u>D</u> .  | Ralph Huff, III  |                                       |  |  |
| Title: OL   | uner - President Contractor  |                                       |  |  |
| Date: 7-3   | <u> </u>   |                                       |  |  |

| Plan Box | Number | FILE |
|----------|--------|------|
|          |        |      |

Job Name H. & H. CONST.

## Required Inspections for SFA/SFD

Appl. # 0750017655 Valuation \$ 198,698 Sq. Feet 3,049

## Sequence

| Bequence |                            |
|----------|----------------------------|
| 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           |
|          | Four Trade Final > 2500    |
| 60       | Three Trade Final          |
| 60       | Three Trade Final > 2500   |
| 60       |                            |
| 60       | Two Trade Final            |
| 60       | Two Trade Final > 2500     |
| 60       | One Trade Final            |
| 60       | One Trade Final > 2500     |
| 999      | Envir. Operations Permit   |
|          |                            |