17726

Harnett County Central Permitting PO Box 65 Liffington, NC 27548 Telephone Number 910-893-4759

Owner's Name: PRICE BUIDERS INC KUSSEL KRICE Date: 13 July 07
Owner's Name: PRICE BUILDERS INC KUSSEIL KRICE Date: 13 July 07 Address: 80 Kussell Drive Erwin . 1.5.28339 Phone: 910:263-0433
Address: SO Kussell Drive Fruit 11-6-28339 Phone: 910-263-0433 Directions to job site: Pom Lillington from OFE 421 au to 010, 421 and 90.
3.8 miles on LEFT. TURN LEFT ON TIMEN-HOWINGTON DR. AND 90 500
TURN LEFT ON BELLA HOWINGTON DR. ON RIGHT.
Subdivision: NAME BEIL RIGE Lot 62
Construction Type: (Please Check) New Residential
New Residential Renovation Modular
Addition Commercial
Moved House Multi-Family
Other
Description of Proposed Work: Build SPEC, HOUSE
Total Project Cost: \$ 195,000.00
Building Permit Information
Heated SFCrawl Space (/ Building Construction Cost \$ (95 '860'-00')
Unheated SF Slab () Acres Disturbed , 50 Stories /
MILE BUILDEDE HILL
Building Contractor's Company Name 80 Hussell Drive, Erwin, N.C. 28339 55595
80 Kussell Pave ERWIN N.C. 28339 55595
Address License #
Signature of Officer(s) of Corporation
Electrical Permit Information Electrical Cost \$
TS Point Yes () No () Underpround () Overheard ()
Pagnanant Service: Underground () Overhead () Service Size:Arms
Mat Electrical Contractor Inc 719-258-6570
Electrical Confractor's Company Name Telephone
PR-BOX 384 BORREY 1. C. 27505 1906-4
hand I flamed (James F. Romas JR)
Signature of Officer(s) of Corporation
Description of Work Mechanical Permit Information
Number of Units Typo System Mechanical Cost \$
Jackson's Heating + A/C IN- 910-891-5410
Mechanical Contractor's Contractor Name Telephone
P. U BOX 82 BCN SON, N.L 27504 23670
Address License #
Signature of Officer(s) of Corporation
·
Description of Work
Number of Baths Plumbing Cost \$
Store Contract Plumbing. Ide 919-868-0959
Plumbing Contractor's Company Name Telephone
67 Henter View Mr. Coats HC 27501 23160
Address License #
Signature of Officer(s) of Corporation
Insulation Permit Information
Residential () Other () Not Required () 519 Old DRUG SHORE Rd.
Insulation Contractor's Company Name GRAFE, N.T. 17529 GRAFE, N.T. 17529 Telephone

	Application #		
Commercial Jobs Sprinkler S	must fill out this portion ystem Information		
Sprinkler Contractor's Company Name	Contact & Telephone		
Address	License #	_	
Signature of Officer(s) of Corporation Fire Alarm 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 Trans	sportation Driveway Access/Permit? Yes	No	
Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request) 1. Do you own the land on which this building will be constructed?			
I hereby certify that I have the authority to make neared that the construction will conform to the reg Mechanical codes, and the Harnett County Zoning contractors is correct as known to me and if any clouding and trade plans, Environmental Health per my responsibility to notify the Harnett County Central Signature of Owner/Contractor/Officer(s) of Corporation	julations in the Building, Electrical, Plumbing Ordinance. I state the information on the nanges occur including listed contractors, sit mit changes or proposed use changes, I ceral Permitting Department of any and all changes.	ng and above te plan, tify it is	

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

The undersigned	applicant for Building Permit # being the:
	Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby confi performing the we	irm under penalties of perjury that the person(s), firm(s) or corporation(s) ork set forth in the permit:
	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.
	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 Depa	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's surance prior to issuance of the permit and at any time during the permitted work, firm or corporation carrying out the work.
Firm Name:	PRICE BuildERS INC
By/Title:	RESIDENT
Date:	(3 July 07

Plan Box Number B-2

Job Name B. PRICE

Date: 7-16-07

Required Inspections for SFA/SFD

Appl. # 0750017726 Valuation # 186, 598 Sq. Feet 2872

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