

* 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 # 07-50017744

Harnett County Central Permitting
 PO Box 65 Lillington, NC 27546
 Telephone Number 910-893-7625 www.harnett.org
Application for Building and Trade Permit

Owner's Name: DB Builders Date: 6-1-07
 Address: PO Box 727 Dunn, NC 28335 Phone: 892-4345
 Directions to job site from Lillington: 27 W/10 on Barbours Church Rd. 1/10 on Hoover Rd. 1/10 on Wells Lane Dr.
 Subdivision: Persimmon Hill Lot: 65

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: _____ Description of Proposed Work: _____
General Contractor Information
 Heated SF 2498 Crawl Space () Building Construction Cost \$ 105,200
 Unheated SF 576 Slab (X) Acres Disturbed _____ Stories 2
Dennis Norris 910 892-4345

Building Contractor's Company Name Telephone 38829
PO Box 727 Dunn, NC 28335 License #
 Address Dennis Norris

Signature of Owner/Contractor/Officer(s) of Corporation -- Must sign back of form & workers comp

Electrical Permit Information
 Description of Work New Electrical Cost \$ _____
 TS Pole: Yes (X) No () Underground (X) Overhead ()
 Permanent Service: Underground (X) Overhead () Service Size: 200 Amps
Wester & Pace 919-499-5389
 Electrical Contractor's Company Name Telephone
546 Leslie Dr. Sanford, NC 1200-76
 Address License #

Signature of Officer(s) of Corporation

Mechanical Permit Information
 Description of Work New Mechanical Cost \$ _____
 Number of Units 1 Type System Heat Pump
Jacksons Heating + Air 910-891-5410
 Mechanical Contractor's Company Name Telephone
PO Box 82 Benson, NC 23670
 Address License #

Signature of Officer(s) of Corporation

Plumbing Permit Information
 Description of Work New Plumbing Cost \$ _____
 Number of Baths 2 1/2
HF Dorman Plumbing Inc. 910 483-7082
 Plumbing Contractor's Company Name Telephone
4521 Final Approach Rd. Fay, NC 4132
 Address License #

Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()
TRI CITY Insulation 418 Person St. Fay, NC 910 486-8855
 Insulation Contractor's Company Name & Address Telephone

Sprinkler System Information - Commercial

Sprinkler Contractor's Company Name Telephone

Contact Person

Address License #

Signature of Officer(s) of Corporation

Fire Alarm System Information - Commercial

Fire Alarm Contractor's Company Name Telephone

Contact Person

Address License #

Signature of Officer(s) of Corporation

Driveway Access

NC Department of Transportation Driveway Access/Permit? Yes ___ No ___

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if any changes occur including listed contractors, site plan, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

Doris Harris
Signature of Owner/Contractor/Officer(s) of Corporation

6-7-07
Date

**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 confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work 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.

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 worker's 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: _____ DB Builders

By/Title: _____ Darryl Morris

Date: _____ 6-7-07

Plan Box Number AA-2

Job Name DB BUILDERS

Date: 6-11-07

Required Inspections for SFA/SFD

Appl. # 0750017744

Valuation 199,722

Sq. Feet 3,074

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input type="checkbox"/>	Open Floor
30-999	<input checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input checked="" type="checkbox"/>	R*Plumb. Under Slab
40	<input type="checkbox"/>	Four Trade Rough In
40	<input checked="" type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input type="checkbox"/>	Four Trade Final
60	<input checked="" type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit

Plan Box Number D-1

Job Name WALLAGE

Date: 11-27-07

Required Inspections for SFA/SFD

Appl. # 0750017644

Valuation \$140,403

Sq. Feet 2,161

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999	<input type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input type="checkbox"/>	R*Plumb. Under Slab
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60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit