*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 # 07500/774/6

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit Builders Owner's Name: Address: Po Box 727 Dunn, NC 28335 Directions to job site from Lillington: 27 W (In) on Hoover Rd. Subdivision: _ Building Use: (Please Check) Construction Type: (Please Check) Commercial Residential New Moved House Renovation Addition Multi-Family Modular Other Description of Proposed Work: Total Project Cost: _ General Contractor Information Building Construction Cost \$ Heated SF 23 57 Crawl Space W Stories Acres Disturbed Unheated SF 576 Slab () A345 997-910 Dennis Nortis Telephone **Building Contractor's Company Name** PO BOX 727 Dunn NC 28335 License # Address Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp **Electrical Permit Information** Electrical Cost \$ _ New Description of Work ___ TS Pole: Yes (*) No () Underground (*) Overhead () Overheard () Service Size: _200 Permanent Service: Underground ₩ 919-499-5389 Wester & Pace Telephone Electrical Contractor's Company Name 546 Leslie Dr. Sanford Address William Wester Signature of Officer(s) of Corporation Mechanical Permit information New Description of Work Mechanical Cost \$ Type System Heat fump Number of Units ___ 910-891-5410 Jacksons Heating + Air Telephone Mechanical Contractor's Company Name Benson. Address Signature of Officer(s) of Corporation Plumbing Permit information Description of Work _ Plumbing Cost \$_ Number of Baths _ 910 483 - 7082 Plumbing Inc HF Dorman Telephone Plumbing Contractor's Company Name Address Signature of Officer(s) of Corporation Insulation Permit Information Residential () Other () Not Required () 910 486-8855 TRI CITY Insulation 418 Person St. Fay. NC Telephone Insulation Contractor's Company Name & Address

	Application #
Sprinkler System	m Information - Commercial
Sprinkler Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation Fire Alarm Syste	m Information - Commercial
Fire Alarm Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation <u>Dri</u>	veway Access
NC Department of Transportation Driveway Acce	ss/Permit? Yes No
and that the construction will conform to the re Mechanical codes, and the Harnett County Zoni contractors is correct as known to me and if <u>any</u> building and trade plans, Environmental Health p my responsibility to notify the Harnett County Cer	necessary application, that the application is correct egulations in the Building, Electrical, Plumbing and ing Ordinance. I state the information on the above changes occur including listed contractors, site plan, ermit changes or proposed use changes, I certify it is intral Permitting Department of any and all changes.
Puis hous	6~7~07
Signature of Owner/Contractor/Officer(s) of Corno	oration Date

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

The undersigned	d applicant for Building Permit # being the:
	Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby cor performing the	nfirm under penalties of perjury that the person(s), firm(s) or corporation(s) 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.
<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.
Permitting Dep compensation i	on the project for which this permit is sought it is understood that the Central partment issuing the permit may require certificates of coverage of worker's insurance prior to issuance of the permit and at any time during the permitted working firm or corporation carrying out the work.
Firm Name:	DB Builders
By/Title:	Vary Norris
Date:	6-707

Plan Box Number AA - 2

Job Name DB BuilDERS

Date: 6-1|-07

Required Inspections for SFA/SFD

Appl. # <u>0 7500 17745</u> Valuation <u>190, 236</u> Sq. Feet <u>292</u>

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
	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
60	
999	Envir. Operations Permit