*Each section below to be filled out by whome er performing work. Must be owner or licensed contractor. Address, company name & phone must match information on

Application #_ Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-7525 www.harnett.org Application for Building and Trade Permit

Owner's Name: Brad Horton	Date: 6 10 0 1
Address: Lot 12 Ross McRaz	Brac Phone: 919-868-2493
Directions to job site from Lillington:	421 West about 2 miles
Lett on Brac Dr.	10 to
Subdivision: Ross McRac Brac	Lot: 12
	Building Use: (Please Check)
<u>X</u> New Moved House	X Residential Commercial
Renovation Addition Other	Modular Multi-Family
Total Project Cost: 215,000 Description of P	roposed Work: New Home Construction
General C	Contractor Information
Heated SFCrawl Space (x) Unheated SFSlab ()	Building Construction Cost \$ 215,000
Offineated SFStab ()	Acres Disturbed 7,5 Stóries 1
Building Contractor's Company Name	<u>919 868-2493</u> Telephone
185 Supreme Dr. Fillington	NoCo 2/5 4 6
Address	LICETISE #
Signature of Owner/Contractor/Officer(s) of Corp	Oration - Mint skill had affaire 9 workers some
Electrica	al Permit Information
Description of Work House Live ING	Electrical Cost \$ 200.00
TS Pole: Yes (v) No () Underground ()	Overhead ()
Permanent Service: Underground Overhea	ad () Service Size: Amps
TRIPLE A ELECTION Name Electrical Contractor's Company Name	18-2004
Electrical Contractor's Company Name	Telephone
P.O BOX, 494 Linen	Spine N.C. 28355 SP-SCD-25/25 License #
Address	License #
I all Jeff	•
Signature of Officer(s) of Corporation	aal Dawnit Information
Description of Work much and d	cal Permit Information ルカールマンク
	Heat Famp Mechanical Cost \$ 8000,00
Carolina laston Ato-Cooling	910-890-0195
Mechanical Contractor's Company Name	Telephone
Male Alatwoods Lane Lill	linta n. C. 27546 17/65
Adgress	License #
day Jour	
Signature of Officer(s) of Corporation	· garginatu.
Plumbin	g Permit Information
Description of Work Plumbing of Home	Strate Control of the
Number of Baths Z	Plumbing Cost \$ 7560.60
Plumbing Contractor's Company Name	919 639-0195
	Telephone
Chaliberte spings Magiel	N.C. 2750/ 14087 License #
Address	License #
in Illean C Wilsoft.	
Signature of Officer(s) of Corporation Insulation Permit Information	Residential (A) Other () Not Required ()
	Table 1
Insulation Contractor's Company Name & Addres	ss Telephone
might be in a contract of a company manife a madical	za z

		Application #	
		ist fill out this portion em Information	
Sprinkler Contractor's Company N	lame	Contact & Telephone	
Address		License #	
Signature of Officer(s) of Corporat			
	Fire Alarm Syst	em Information	,
Fire Alarm Contractor's Company	Name	Contact & Telephone	
	1	the second second	
Address	Valoria Valoria	License #	
Signature of Officer(s) of Corporat <u>Driveway Access</u> - NC E		ation Driveway Access/Permit?	Yes No
Please answer the following questions	hen see a Permit Technici		nit under Owners Exemption.
Questionnaire per G.S. 87-14	Regulations as to Is	ssue of Building Permits (Me	mo available upon request)
1. Do you own the land on v	vhich this building	will be constructed?	<u>X</u> yes no
2. Have you hired or intend the project?	to hire an individu	al to superintend and ma -	nage construction of 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 <u>any</u> 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.

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

6-13-07 Date

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

The undersign	ned applicant for Building Permit #	being the:
	General Contractor	
	Owner Officer/Agent of the Contractor or Owner	
Do hereby co	onfirm under penalties of perjury that the person orth in the permit:	n(s), firm(s) or corporation(s) performing
	Has/have three (3) or more employees and compensation insurance to cover them.	has/have obtained workers'
. <u> </u>	Has/have one (1) or more subcontractors(s) compensation insurance to cover them.	and has/have obtained workers'
X	Has/have one (1) or more subcontractors(s) workers' compensation insurance covering t	who has/have their own policy of hemselves.
	Has/have not more than two (2) employees	and no subcontractors.
Department is insurance prior	on the project for which this permit is sought it ssuing the permit may require certificates or to issuance of the permit and at any time duration carrying out the work.	of coverage of worker's compensation
Firm Name:		
Sign/Title:	Own	e (
Date: O	107	

Plan Box Number	Job Name Horton	
	Date: 6-18-0	

Required Inspections for SFA/SFD

Appl. # 07 - 580 17827	;
Valuation \$ 182 830	
Sq. Feet 2814	

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
	operations i citimit

I Brad Horton 95 General Contractor
have hired Tommy Patrick 95 Sub Contractor
and Dropped Donald Steplens & AAA.

A Both

, ,pp.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/
Application #	1824

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 Telephone Number 910-893-7525 Fax 910-893-2793

www.harnett.org

Certification of Work Performed By Owner/Contractor

Owner (s) of Structure: Dull Holl Phone:	7
Owner (s) Mailing Address:	Ĺ
	//
Land Owner Name (s): Phone:	-
Construction or Site Address:	0
PIN or Parcel #:	8
Job Cost:Description of Work to be done	100
Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping	/
Electrical: 200 Amp <200 Amp Service Change Service Reconnect Other	- 0
Plumbing: Water/Sewer Tap Number of Baths Water Heater	7
Specific Directions to Job from Lillington:	2
	\leq
Subdivision:Lot #:	4
AATHICATOR Name) Contractors Name) A Contractors Name (Tradé)	•
on this structure. I am the building owner or hold a NC state	
number 410 , which entitles me to perform such work on the above structure legally.	All
vork shall comply with the State Building Code and all other applicable State and local laws,	
ordinances and regulations.	
Structure owner(s) signature: Date:	
Company Name: PATRICIAN BULLISS Phone: 843-5174	
Address: 1009 N MANUEL	
County: Contractor's License #: 49/00	
Contractor's Signature:Date:	
*Company name, address, & phone must match information on license.	