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

Application # 075 0017843

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

*MASTER COPY

12.50

Owner's Name: Stephenson Builders Inc. Date: 7-13-07
Address: 1187 N. 1966 S. ANGIER N.C. 2250 Phone: (039-3862)
Directions to job site from Lillington: Hwy 210 East. LEFT ON
BRULE JOHNEST BY. SUSSIVISION 1/2 MILE ON RIGHT
Subdivision: JOHNSON FARMS Lot: 44
Construction Type: (Please Check) Building Use: (Please Check) New Moved House Residential Commercial Renovation Addition Modular Multi-Family
Total Project Cost: 150 00 Description of Proposed Work:
Heated SF /9 Crawl Space () Unheated SF484 Slab () General Contractor Information Building Construction Cost \$ /20 000000000000000000000000000000000
Stephenson Builders Inc 639 - 2862 Building Contractor's Company Name Telephone
Address License #
Signature of Owner Confiractor/Officer(s) of Corporation – Must sign back of form & workers comp Electrical Permit Information
Description of Work Electrical Cost \$ 400 TS Pole: Yes () No () Underground () Overheard () Permanent Service: Underground () Overhead () Service Size: Amps
Electrical Contractor's Company Name 919-552-6258 Telephone
Address License #
Signature of Officer(s) of Corporation
Description of Work
Number of Units Type System Mechanical Cost \$ Type System Mechanical Cost \$ Type System Type System Mechanical Cost \$ Type System
Mechanical Contractor's Company Name 919-552-4258 Telephone
1580 worde Steplenson Rd. Hally Springs 27540 12655 H-3 Address License #
Signature of Officer(s) of Corporation
Description of Work Number of Baths Plumbing Cost \$ // 009
WW Plumbing Tnc 919-639-0195 Plumbing Contractor's Company Name Telephone
Box 1004 Angrer 27501 14087 Address License #
Luly Walls
Signature of Officer(s) of Corporation Insulation Permit Information Residential Other () Not Required ()
trigulating Tre (Palarich) bala function (1977) 9000

	bs must fill out this portion r System Information	
Sprinkler Contractor's Company Name	Contact & Telephone	
Address	License #	
Sin vature of Officer(s) of Corporation Fire Alarr	m 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 Tr	ransportation Driveway Access/Permit? Yes	No
Please answer the following questions then see a Permit		
Questionnaire per G.S. 87-14 Regulations a		
1. Do you own the land on which this bu		
2. Have you hired or intend to hire an income the project?	dividual to superintend and manage c yes	
3. Do you intend to directly control & sup	pervise construction activities? ye	s <u> </u>
4. Do you intend to schedule, contract, obe done?	or directly pay for all phases of constru yes	
5. Do you intend to personally occupy the following completion of construction and creates the presumption under law that y	do you understand that if you do not o you fraudulently secured the permit?	do so, it
MA	yes	s no
Sign & date		
I hereby certify that I have the authority to make and that the construction will conform to the indechanical codes, and the Harnett County Zon contractors is correct as known to me and if any building and trade plans, Environmental Health provided in the county Certain Certain County Certain	regulations in the Building, Electrical, Plum ning Ordinance. I state the information on the changes occur including listed contractors, permit changes or proposed use changes, I contracted.	bing and he above site plan, ertify it is
18811411	(の) レノ (一人)	

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		
	nfirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing orth 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.		
Department insurance price	on the project for which this permit is sought it is understood that the Central Permitting ssuing the permit may require certificates of coverage of worker's compensation or to issuance of the permit and at any time during the permitted work from any person, ation carrying out the work.		
Firm Name:	Steplenson Builders Inc		
Sign/Title:	MIST PUS!		
Date: 7	-13-07		

Job Name STEPHENSON

Date: 7 - 13 - 57

Required Inspections for SFA/SFD

Appl. # 0750017843Valuation \$ 153,527Sq. Feet 2363

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	
40	R*Plumb. Under Slab
40	Four Trade Rough In
40	Four Trade Rough In> 2500
	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	
60	Two Trade Final > 2500
60	One Trade Final
	One Trade Final > 2500
999	Envir. Operations Permit
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