

* 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 #

17954

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

ZBL

SCANNED
11/30/08
DATE

Owner's Name: MGM Builders LLC Date: _____

Address: _____ Phone: 910-8936650

Directions to job site from Lillington: Hwy 210 South about 4 miles on left

Subdivision: BEN Woods Lot: 8

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 1610 Crawl Space () Slab () Building Construction Cost \$ _____

Unheated SF _____ Acres Disturbed _____ Stories 1-Single

MGM Builders LLC 919-984-6932
Building Contractor's Company Name Telephone

1948 NC 27 W Lillington NC 27546 50045
Address License #

Dan McLean
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 () No Underground () Overhead ()

Permanent Service: Underground Overhead () Service Size: 200 Amps

RA. Gregory Electric 919-893-6650
Electrical Contractor's Company Name Telephone

1948 NC 27 W Lillington NC 27546 21717
Address License #

Roddy Gregory
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work HVAC

Number of Units 1 Type System Heat Pump Mechanical Cost \$ _____

Q+M Htg + Air, Inc 910-897-5501
Mechanical Contractor's Company Name Telephone

734 Turlington Rd. Dunn, NC 28334 17164
Address License #

Scott Johnson
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____

Number of Baths _____ Plumbing Cost \$ _____

Plumbing Contractor's Company Name Telephone

SU Attached _____
Address License #

Signature of Officer(s) of Corporation

Insulation Permit Information Residential Other () Not Required ()

Tri-City _____
Insulation Contractor's Company Name & Address Telephone

Entered
A.S. Johnson

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

The undersigned applicant for Building Permit # _____ being the:

- _____ General 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: MGM Builders LLC

Sign/Title: Owner Rodney Grogan

Date: 7-3-07

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-4759

Certification of Work Performed
By Owner/Contractor

Owner (s) of Structure: _____

Owner (s) Telephone: _____

Owner (s) Mailing Address: _____

Construction or Site Address: _____

Directions to Job: _____

Subdivision: _____ Lot #: _____

I JAMIE Johnson have provided or will provide the
Plumbing labor on this structure. I am the owner or hold a
NC state Plumbing license, which entitles me to perform such work on
the above structure legally. All work shall comply with the State Building Code and all
other applicable State & local laws, ordinances and regulations.

Owner (s) signature: _____ Date: _____

Contractor's signature: Jamie John Date: _____

Contractor's Name: JAMIE Johnson Date: _____

Address: 1490 Clark Rd.

Lillington, N.C. 27546

County: HARNETT

Contractor's License: 21649

Plan Box Number I-1

Job Name MGM

Date: 7-5-07

Required Inspections for SFA/SFD

Appl. # 0750017954
Valuation \$142,027
Sq. Feet 2186

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		Open Floor
30-999	<input checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999	<input checked="" type="checkbox"/>	R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit

