* 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 #_

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: MGM Builders CCC	Date:	
		· ·	910-893665
. 7	Directions to job site from Lillington: Hwy 210 South Ab.	ouf_	4 miles
>		Lot:	5
3	Construction Type: (Please Check) Construction Type: (Please Check) New Moved House Residential Renovation Addition Other Modular	Comm	ercial amily
58	Total Project Cost:Description of Proposed Work:		-
Dite.	General Contractor Information		
Fini	Heated SF 1610 Crawl Space () Slab () Building Construction Country Construction Country Construction Country	ost \$S	tories /-Siugle
76	MGM Raildens LCC 9194984	-6932	<u></u>
\mathcal{A}	Building Contractor's Company Name Telephone		_
	1948 NC 27 W Cillington NC 27543	<i>-</i>	56045_
	Address MC/4		License #
	Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of fi	orm & worke	rs comp
	Electrical Permit Information Flectrical Cost \$		
	Description of WorkElectrical Cost \$ TS Pole: Yes () No ∰ Underground () Overhead ()		
•	Permanent Service: Underground (x) Overhead () Service Size:	200	Amps
	RA. Gregory Elycaric 919 - 8 Electrical Contractor's Company Name Telephone	93 - 6	050
	Electrical Contractor's Company Name Telephone	17	21717
	1948 NC 27 W Cillington NC 2754 Address	<i>ь</i> _	License #
	Rody ling y		
	Signature of Office (s) of Corporation		
	Description of Work Mechanical Permit Information		
	Number of Units	nical Cost	
		<u> 397- 5</u>	50/
	Mechanical Contractor's Company Name	ne	(3714))
	124 Turlington Rd. Dun, MC 28334	. –	/ ³ 7/64 License #
	Address Charles		Elcerise #
	Signature of Officer(s) of Corporation		
	Plumbing Permit Information		
	Description of Work Plumbing Cost \$	 S	
	Number of Batis		·
	Plumbing Contractor's Company Name Telepho	ne	
	Address		License #
	Signature of Officer(s) of Corporation		
I	Insulation Permit Information Residential (V) Other	() Not R	equired ()
	TRi-City Insulation Contractor's Company Name & Address	Т	elephone

Application #	<u> </u>		

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

The undersigned	d applicant for Building P	ermit #		_ being the:
	General Contractor Owner			
	Officer/Agent of the Con	itractor or O	vner	
Do hereby confi the work set fort		erjury that th	ne person(s), firm(s	s) or corporation(s) performing
	Has/have three (3) or m compensation insurance			obtained workers'
	Has/have one (1) or mo compensation insurance			ave obtained workers'
	Has/have one (1) or mo workers' compensation			
	Has/have not more than	n two (2) em	ployees and no sub	ocontractors.
Department iss insurance prior	uing the permit may roo issuance of the permit	equire certing tand at any	ficates of coverag	ood that the Central Permitting ge of worker's compensation rmitted work from any person,
Firm Name:	MGM Buil	deas	LL C	
Sign/Title:	MGM Buil	Porling	Congay	
Date:	7-3-07		//	

1/07

Application	#
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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 John	have provided or will provide the
Plumbing	have provided or will provide the labor on this structure. I am the owner or hold a
	license, which entitles me to perform such work on
the above structure legally. All work	k shall comply with the State Building Code and all
other applicable State & local laws,	ordinances and regulations.
Owner (s) signature:	Date:
Contractor's signature:	John Date:
Contractor's Name: <u>Tamie</u> Address: 1490 CLA	Tohnsin Date:
County: Harnett	1.C. 27544
Contractor's License:	1649

Plan Box Number _____

Job Name MGM

Date: 7-**5**-07

Required Inspections for SFA/SFD

Appl. # <u>8750017954</u> Valuation <u>4142</u>, 027 Sq. Feet <u>2186</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	
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
50	One Trade Rough In > 2500
	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
-·	

	Application #	
	Jobs must fill out this portion der System Information	, %
Sprinkler Contractor's Company Name	Contact & Telephone	
Address	License #	<u></u>
Signature of Officer(s) of Corporation Fire Ala	arm 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	Transportation Driveway Access/Permit? Yes	No
Homeowners An	·.	•
Please answer the following questions then see a Pern	olying to Build Their Own Home nit Technician to determine if you qualify for permit under Owne	ers Exemption.
Please answer the following questions then see a Perm	Diving to Build Their Own Home nit Technician to determine if you qualify for permit under Owne s as to Issue of Building Permits (Memo available	•
Please answer the following questions then see a Perm Questionnaire per G.S. 87-14 Regulations	nit Technician to determine if you qualify for permit under Owne	•
Please answer the following questions then see a Perm Questionnaire per G.S. 87-14 Regulations 1. Do you own the land on which this b	nit Technician to determine if you qualify for permit under Owners as to Issue of Building Permits (Memo available	e upon request)
Please answer the following questions then see a Perm Questionnaire per G.S. 87-14 Regulations 1. Do you own the land on which this back. Have you hired or intend to hire an ithe project?	nit Technician to determine if you qualify for permit under Owners as to Issue of Building Permits (Memo available puilding will be constructed? yes individual to superintend and manage con	e upon request) no estruction of no
Please answer the following questions then see a Perm Questionnaire per G.S. 87-14 Regulations 1. Do you own the land on which this but the project? 3. Do you intend to directly control & second control and the project?	nit Technician to determine if you qualify for permit under Owners as to Issue of Building Permits (Memo available building will be constructed? yes individual to superintend and manage con yes	e upon request) no estruction of no no
Please answer the following questions then see a Perm Questionnaire per G.S. 87-14 Regulations 1. Do you own the land on which this but the project? 2. Have you hired or intend to hire an interproject? 3. Do you intend to directly control & set the project to the project to the project? 4. Do you intend to schedule, contract the done? 5. Do you intend to personally occupy	nit Technician to determine if you qualify for permit under Owners as to Issue of Building Permits (Memo available building will be constructed? yes individual to superintend and manage con yes upervise construction activities? yes, or directly pay for all phases of construct yes the building for at least 12 consecutive mod do you understand that if you do not do	e upon request) no estruction of no no tion work to no onths

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.

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

Date