PO (+421212242184)

whomew.	ection below to be filled out by in performing work. Must be owner as dontractor. Address, company phone must match information on	Pill Sico 65 (4 Talephone Number 91	Applica Central Permitting Angion, NC 27646 9-893-7525 www.hemat.c Iding and Trade Per	ra	500
X .	Owner's Name: Dill. Cit. Address: P.U. Bur 612	Horses 7 Ruleith Nr.		Date: 1/-9-06 Phone: 5/5-532-5	 [24
OG	Directions to Job site from Lillin		Kt on Bally	d Rd	-io Domini
XCA	Subdivision: 18/401 4	1000(بهرجيم والمستوالة والمتالة و	o: 80	Treet and the
10	Construction Type: (Please Ci Now Moved Ho Renovation Addition	uge PA	Sho Use: (Please Ch esidential todular	ock) Commercial Multi-Pamily	
5	Total Project Cost: \$200,000			T SAINTI-LALAMA	
_	•	General Contr	actor information		~
	Heated SF JAUD Crawl Space Unheated SF Gag Slab ()	Build	ing Construction Cos s Disturbed	Sidnes 3	 -
	A . 4 .				-
	Dak Ct. Heres	. A.C., and	715 - 532	· 1526	-
	Building Contractor's Company		Telaphone	とえひかつ	
	10 Bux 6/27	641 NL 276	128) /1 <u>/ 5</u>	
	Address			License	į į
	Signature of Owner/Contractor	Officer(s) of Corporation	Off Musik sign back of fo	nti & worksits comp	
	Description of Work Garhia	of The Francisco Po	mit information Electrical Cost \$		
	TS Pole: Yes H No () Une	larground () Over	heard ()		*
	Permanent Service: Undergrou		Service Size	Amps	
	CHOICE ELECTRICAL	SELVICE	1919) / 2	4-0483	
	Electrical Contractor's Compan	y Name .	Riophone		-
	I but A A	iede angier	•	22934-	<u></u>
	Addiens			License (Ï
-	& where (witch				
	Signature of Officer(s) of Corpo	ration			
	Danasinsian of Winds	Meshaniesi P	amil information		
	Description of Work Number of Units	Type System	Machani	cal Cost \$	- -
	Number of Ones	Type System	910 1897-	T/1/1	
	servicens the	AL CUITING	910 17 T	3 01 1	-
	Mechanical Contractor's Comp		Telephone	19347	,
	72 Hickory Tree	Have MACI	or Inc 5 Va	lineses!	_ i
	Address			Cicarea	•
	The 1				
	Signature of Officer(s) of Corps	ration <u>Plumbing Pa</u>	mit information		
	Description of Work		The state of the s		_
	Number of Baths		Plumbing Cost \$		-
	Elandie	a Inc.		3050	_
	Plumbing Contractor's Compa	ny Name	Telaphone	07674	
	1.0. Box 494 M	lamers, NE Z	22.25	License	Ī
	Address	•			
		Sellon			
	Semeture of Officer(a) of Corp	MAIN THE TAXABLE	sidential § Other (Mot Reduited ()	1 904
		/ 2657.64	A. M. WOLL	<u> </u>	
	Insulation Contractor's Compa	my Name & Address	tangetale Ne >7	7 A 1 B 7 - 1-4	8/06

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

17915

Application for E	Building and Trade Permit	11-09-01
Owner's Name Of City Points Address: P.D. Kly 607 Giller	Date:	919-878-532
Directions to job site: 401 N Key L	M. 27628 Phone:	7/8-73 3)2
Jusch Aka	els some	<u> </u>
211		
Subdivision: Balland Goods	Lot:	60
Construction Type: (Please Check)	Building Use: (Please Check)	
<u>V</u> New	Residential	
Renovation	Modular	
Addition	Commercial	
Moved House	Multi-Family	
Other		
Description of Proposed Work:		
Total Project Cost: 1000,000		
#juitding t	Permit information	
Heated SF 200 Crawl Space W	Building Construction Cost \$/	1811,000
	Acres Disturbed	Stories 2
Unheated SF 400 Slab ()	915-513-5026	
Building Contractor's Company Name	Telephone	
V.O. Box 6127 Kar. 6 NC 27624	73423	
Address //	License #	
Address VI Vm.	Elocitoo #	
Signature of Officer(s) of Corporation	=	
	Dannis Information	
Description of Work ELECTRICAL Electrical	Permit Information N Electrical Cost \$	
	Overheard ()	
TS Pole: Yes () No () Underground ()		2Amps
Permanent Service: Underground W. Overhe		83
Electrical Contractor's Company Name 12 Brookheal Ciècle Willer, NC 3	Telephone 2934	-1_
والمنافذ		
Address 100 Catel	License #	
Signature of Officer(s) of Corporation	-	
organization of ormodital or composition		
<u>Mechanica</u>	Permit Information	
Description of Work		
Number of Units Type System _	Mechanical Co	st \$
Dernigans Heating & Coolin		20.
Mechanical Contractor's Company Name	Telephone	
22 Hopen ree have	Saler 134 22	
Address	750 License #	
DIA / IN	-	
Signature of Officer(s) of Corporation		
Plumbing	Permit Information	
Description of Work		
Number of Baths	Plumbing Cost \$	
"Vaner Plumbing Inc	[910)893-3050	
Plumbing Contractor's Company Name	Telephone	
P-0. Box 494 Mamers, NC 2852	07674	
Address	License #	
Signature of Officer(s) of Corporation		
<u>Insulation</u>	Permit Information	
Residential () Other () Not Required ()	·	
	A	Talanhana
Insulation Contractor's Company Name	Address	Telephone
	Page 1 of 3	12/04

	1110116
	Application # 110115
Sprinkler Syste	m Information - Commercial
Sprinkler Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation Fire Alarm Systems	em Information - Commercial
Fire Alarm Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation	dveway Access
NC Department of Transportation Driveway Acce	ess/Permit? Yes No
and that the construction will conform to the Mechanical codes, and the Harnett County Zor contractors is correct as known to me and if any healthing and trade plans, Environmental Healthin	regulations in the Building, Electrical, Plumbing and hing Ordinance. I state the information on the above of changes occur including listed contractors, site plan, permit changes or proposed use changes. I certify it is intral Permitting Department of any and all changes.
NOM Men do 22 Signature of Owner/Contractor/Officer(s) of Corp	poration Date

		1	r	1	(1	П	6	
Application	#	ļ		I,		7		_	

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

The undersigne	ed applicant for Building Permit #being the:
	General Contractor
7	Owner
	Officer/Agent of the Contractor or Owner
	firm under penalties of perjury that the person(s), firm(s) or corporation(s) performing th in the permit:
	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
1	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.
Department is insurance prior firm or corporat	on the project for which this permit is sought it is understood that the Central Permitting suing the permit may require certificates of coverage of worker's compensation to issuance of the permit and at any time during the permitted work from any person, ion carrying out the work.
Sign/Title:	t fre
Date: 1/10/	07'

Plan Box	Number_	<u>B</u> -	9

Job Name OAK CITY Homes

Date: 9-5-07

Required Inspections for SFA/SFD

Appl. # 0750017975 Valuation \$ 209, 598 Sq. Feet 3226

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
	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