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

Application for Building and Trade Permit Owner's Name: Jason Pha Construction Inc. Date: _ Phone: 897-881 121 Green Forest Circle Dunn, NC 28334 Directions to job site: Hary 27 out of Lillington to Buffalo lakes led. Take a left on Ruffalo lakes and follow approx. 2 miles to Crestnew. Turn left into supainsim, followed by a left onto the 1st street. Take a @ onto spring Dr. to llowed by a O onto Chastel Spring Dr. Turn @ onto Rolling Store Cl. Lot is on O. Crestview Estates Lot <u>238</u> Construction Type: (Please Check) Building Use: (Please Check) ⊻New ∠Residential Renovation Modular Addition Commercial **Moved House** Multi-Family Other Description of Proposed Work: New Hom Total Project Cost: ______150,000 **Building Permit Information** Heated SF 2352 Crawl Space W **Building Construction Cost \$** 150 W Unheated SF 576 Slab () Acres Disturbed Stories 2 Jason Price construction, Inc 897-8811 **Building Contractor's Company Name** Telephone 121 Green Forest Wide 50859 **Address** License # Signature of Officer(s) of Corporation Electrical Permit Information New Home Description of Work TS Pole: Yes (V No () Underground (/ Overheard () manant Service: Underground (2) Overhead () Service Size: gnature of Officer(s) of Corporation Mechanical Permit Information Description of Work Mechanical Cost \$ 7, ທາວ Type System HVAC **Number of Units** 912-891-5410 JACKSON'S Heating + A/C INC Mechanical Contractor's Company Name BUN SON P. U Box Address License # Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work _ New Hom Number of Baths Plumbing Cost \$ Slove Contract 919-868-09 Plumbing. Plumbing Contractor's Company Name Telephone 23160 License # Signature of Officer(s) of Corporation **Insulation Permit Information** Residential (V) Other () Not Required () 519 Old Drug Store Rd. Tatum Insulation II, Inc. Garner, NC 27529 (919)661-0999 Insulation Contractor's Company Name Address Telephone

Application #	

Commercial Jobs must fill out this portion Sprinkler System Information				
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Sprinkler Contractor's Company Name	Contact & Telephone			
Address	License #	_		
Signature of Officer(s) of Corporation Fire Alarm 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 Applyin Please answer the following questions then see a Permit Tec	g to Build Their Own Home hnician to determine if you qualify for permit under Owne	rs Exemption.		
Questionnaire per G.S. 87-14 Regulations as t	to Issue of Building Permits (Memo available	upon request)		
1. Do you own the land on which this build	ing will be constructed? yes	no		
2. Have you hired or intend to hire an indiv the project?	idual to superintend and manage cons	struction of no		
3. Do you intend to directly control & super	vise construction activities? yes	no		
4. Do you intend to schedule, contract, or obe done?	directly pay for all phases of constructi yes	on work to		
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?				
	yes	no		
Sign & date				
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 8/27/57 Date				

Application # 07-500|833|

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

The undersigned app	blicant for Building Permit #_07-50018088being the
Owr	neral Contractor ner cer/Agent of the Contractor or Owner
Do hereby confirm u	inder penalties of perjury that the person(s), firm(s) or corporation(s) performing he permit:
	s/have three (3) or more employees and has/have obtained workers' npensation insurance to cover them.
	s/have one (1) or more subcontractors(s) and has/have obtained workers' npensation insurance to cover them.
	s/have one (1) or more subcontractors(s) who has/have their own policy of kers' compensation insurance covering themselves.
Has	s/have not more than two (2) employees and no subcontractors.
Department issuing	project for which this permit is sought it is understood that the Central Permitting the permit may require certificates of coverage of worker's compensation tuance of the permit and at any time during the permitted work from any person, irrying out the work.
Firm Name: <u>Jas</u>	son Price Construction, Inc.
Sign/Title: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	talli fuci, oftri Managu
Date: % 2	7107

Plan Box Number AA-5

Job Name PRICE

Date: 8-29-07

Required Inspections for SFA/SFD

Appl. # 07500 18088 Valuation # 190, 236 Sq. Feet 2928

Sequence

10 10-30 20 20 30-999 30-999 30-999 40 40 40 40 40 40 40 50 60 60	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Fough In Trade Final Four Trade Final
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