

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

**Application for Building and Trade Permit**

Owner's Name: EVANS FINE HOMES, INC Date: 8/31/07  
Address: 201 MISTYWOOD DR, F.V, NC 27524 Phone: 552-1378  
Directions to job site: HWY 401 N L.T CHRISTIAN LT RD L.T OAK-  
RIDGE DUNCAN RD, RT TWIN FIELDS DR, LOT 6 on left.

Subdivision: AUSTIN FARMS Lot: 11  
Construction Type: (Please Check) Building Use: (Please Check)  
 New  Residential  
 Renovation  Modular  
 Addition  Commercial  
 Moved House  Multi-Family  
 Other  
Description of Proposed Work: NEW RES. CONST.  
Total Project Cost: \_\_\_\_\_

**Building Permit Information**

Heated SF 2090 Crawl Space   
Unheated SF 576 Slab  GARAGE  
EVANS FINE HOMES, INC  
Building Contractor's Company Name 27526 Telephone 919 552-1378  
Address 201 MISTYWOOD DR, F.V, NC License # 50565  
Mary L. Loran  
Signature of Officer(s) of Corporation

**Electrical Permit Information**

Description of Work ALL ELECTRICAL Electrical Cost \$ 4300.00  
TS Pole: Yes  No  Underground  Overhead   
Permanent Service: Underground  Overhead  Service Size: 200 Amps  
ELECTRIC CONNECTION OF NC INC 910 897-8439  
Electrical Contractor's Company Name 27521 Telephone 18162-2  
Address 508 S. MCKINLEY ST. COATS, NC License #  
Keith Jossiter  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work ALL HVAC  
Number of Units 1 Type System HP Mechanical Cost \$ 4300.00  
JERNIGAN'S HVAC 897-5217  
Mechanical Contractor's Company Name Telephone  
Angien nc 19342  
Address License #  
Steve Jernigan  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work ~~ALL PLUMBING~~ ALL PLUMBING  
Number of Baths 2 Plumbing Cost \$ 4500.00  
STRAIGHT FLUSH PLUMBING INC 893-2642  
Plumbing Contractor's Company Name 27546 Telephone 23655  
Address 978 MITCHELL RD LILLINGTON, NC License #  
Joan Mills  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Residential  Other  Not Required   
TRI-CITY INSULATION, INC FAYETTEVILLE, NC 1-800-408-1012  
Insulation Contractor's Company Name Address Telephone

**Sprinkler System Information**

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Fire Alarm System Information**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address

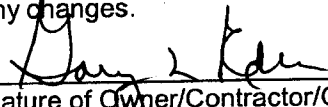
\_\_\_\_\_  
License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Driveway Access**

NC Department of Transportation Driveway Access/Permit? Yes  No

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 in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

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

8/31/07  
\_\_\_\_\_  
Date

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

The undersigned applicant for Building Permit # 0750018136 being the:

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: Evans Fine Homes, Inc

By/Title: Jay L. Evans

Date: 8/31/07

Plan Box Number E-3

Job Name EVANS FINE Homes

Date: 7-31-07

Required Inspections for SFA/SFD

Appl. # 0750018136  
Valuation 174,318  
Sq. Feet 2683

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	<input checked="" type="checkbox"/>	Open Floor
30-999	<input type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input type="checkbox"/>	R*Plumb. Under Slab
40	<input type="checkbox"/>	Four Trade Rough In
40	<input checked="" type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input type="checkbox"/>	Four Trade Final
60	<input checked="" type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit