* 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: Showmore Proporties, 1.25 Date: 13 AUG- 07
Address: P.O. Box 1495 Sanford NC 27331 Phone: 919 770-5934
Directions to job site from Lillington: Hwy 27 west to Hwy 87 sooth, PASS
FOOD LION TORN Right ON Melody LANE Follow about I'm: 1082 melody LANE SUBdivision FORET P.D. SER 2
Subdivision: Forest Ridge Sec 2 Lot: 2
Construction Type: (Please Check) Building Use: (Please Check) _ New Moved House Renovation Addition Other Modular Multi-Family Modular Multi-Family
Total Project Cost: 450 Description of Proposed Work:
General Contractor Information Heated SF3735 Crawl Space () Slab () Building Construction Cost \$ /60,000 Unheated SF \$ 30 Acres Disturbed _ / Storiés _/
TORR Shows Her 919 770 5934 Building Contractor's Company Name Telephone
7.0. Box 1495 SANFORD NC 27331 57500 Address License #
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp Electrical Permit Information
Description of Work Electrical Utras J. Bld. Electrical Cost \$ 10,281 TS Pole: Yes () No () Underground () Overhead () Permanent Service: Underground () Overhead () Service Size: 200 Amps D2 EAECTA7C JAC. 910-309-6692 Electrical Contractor's Company Name Telephone
100 Hidden Creek Line Lillington N.C. 27546 24311-L
Address License #
Signature of Officer(s) of Corporation
■ Emprison to the state of the
Description of Work HVAC Number of Units Type System Heat Rump Mechanical Cost \$ 10.5.80
History Heating + Cooling LLC 919-778-1188 Mechanical Contractor's Company Name Telephone
1434 TRAMWAY Rd SANFORD NO. 23/41
Address #
Signature of Officer(s) of Corporation
Plumbing Permit Information
Number of Baths 3 Plumbin For 85:10.5 All States All St
Plumbing Contractor's Company Name Telephone Telephone
4/2 SWAIZINGEN LAND SANFOND NC 2/337_ 19443 Address License #
Deuron Hore
Signature of Officer(s) of Corporation Insulation Permit Information Residential (*) Other () Not Required ()
1000 Showatton 20 Box 1495 - Santon Lax 919 770.5934 1HW
Insulation Contractor's Company Name & Address 27330 Telephone
Page 1 of 3 1/07

	Application #	
Commercial Jobs must fill out this portion Sprinkler System Information		
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 Transpo	ortation Driveway Access/Permit? Yes	No
Homeowners Applying Please answer the following questions then see a Permit Techn	to Build Their Own Home lician to determine if you qualify for permit under Owne	rs Exemption.
Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)		
1. Do you own the land on which this buildin	g will be constructed? yes	no
2. Have you hired or intend to hire an individual the project?	lual to superintend and manage con-	struction of
3. Do you intend to directly control & supervi	ise construction activities? yes	no
4. Do you intend to schedule, contract, or di	rectly 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 necessand that the construction will conform to the regular Mechanical codes, and the Harnett County Zoning Contractors is correct as known to me and if any charbuilding and trade plans, Environmental Health permit my responsibility to polify the Harnett County County	ations in the Building, Electrical, Plumbing Ordinance. I state the information on the anges occur including listed contractors, site It changes or proposed use changes, I certiful to the changes or proposed use changes.	and above plan, fy it is

Signature of Owner/Contractor/Officer(s) of Corporation Page 2 of 3

* 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 # 07.500 /822

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Phone 910-893-7525 Fax 910-893-2793 www.harnett.org Application for Residential Building and Trades Permit

Owner's Name: Show more troperties	LLC Date: 15 NOV 07
Site Address: 1082 Melocky Lave	Phone: 919 770 - 5934
Directions to job site from Lillington:	·
Subdivision:	Lot:
Description of Proposed Work:	#Bedrooms:
Heated SF Finished Re	c Room? Crawl Space () Slab ()
General Contracto	
Toda Showalter Building Contractor's Company Name	919 770 . 5934 Telephone
and a company that	<u>.</u>
P.O. 130x 1493 Address	2 7 3 0C License #
To De Alarato	Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation	, ,
Description of WorkService	Size: Amps TPole: ves/no
• The state of the	
Electrical Contractor's Company Name	Telephone
Address	License #
Signature of Officer(s) of Corporation	
Mechanical Perm	It Information
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	License #
Signature of Officer(s) of Corporation	
Plumbing Permit	
Description of Work D3510346	T DOM:
Plumbing Contractor's Company Name	<u> 910~818・7168</u> Telephone
767 Peoparwood De. FAY. W.	
Address	License #
12	
Signature of Officer(s) of Corporation	5 Indo
RICITY INSULATION LIBERTY TO INC.	Product Of Smatterille
Ricity Insulation & Building Insulation Contractor's Company Name & Address	Telephone
	910 486-8855
418 Person ST. #101	110 488- 0033
Fayetteville, NC 28701	

Application	#

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

The undersign	ned applicant for Building Permit # being the:
	General Contractor Owner
	Officer/Agent of the Contractor or Owner
Do hereby co- the work set for	nfirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing orth 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.
Department is insurance prior	on the project for which this permit is sought it is understood that the Central Permitting ssuing 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 personation carrying out the work.
Firm Name:	Showmore Properties LLC
Sign/Title:	10 10
Date:	AIRA

Tool Showalter General contracter

For 1082 Melody Lare Am removing

Hare Plumbing Inc. And my company

For The sub contractions of plumbing

And Insulation respectively. I Am

Replacing Hase plumbing with Dail

west plumbing and my company Showmore

Properties with Tizi. City Insulation.

Tooled Showatter
Tooled Showatter
General Contractor 2:2# 57500