⊈ Each section below to be filled out by	Application # 18280
whomever performing work. Must be owner of incensed contractor. Address, company	Harnett County Central Permitting
name & phone must match Information on Ilcense.	PO Box 65 Lillington, NC 27546 Phone 910-893-7525 Fax 910-893-2793 www.harnett.org
	Application for Building and Trades Permit
Owner's Name: 5 3 0	Home Bulders LCC Date: 3/20/07
Site Address: [ Neck MA	7c CT Phone: (9/9) 669-6327
Directions to job site from Lillin	gion: MWY27 WEST TO 24/27, TURN Right ON CHMPRON Rd. SUBDIVISION 3-5 Miles ON RIGHT.
	RIGHT CA (AMERON RU. SUBDIVISION S-5 MILE) ON RIGHT.  RE PLANTATION Lot: 138
Construction Type: (Please Ch	·
	se Residential Commercial
Renovation Addition	<del></del>
Total Project Cost 55,000	Description of Proposed Work: <u>Spec. Home</u>
Heated SF /9/4 Unheated	SF <u>576</u> Finished Rec Room? <u>10</u> Crawl Space ( ) Slab <b>X</b> Contractor Information Building Cost \$ 130,000
53D Home Buil	
Building Contractor's Company	Name Telephone
149 Coly Ave	COATS, N.C. 27521 59549
Address	License #
Signature of Owner/Contractor/	Must sign second page & fill out third page Officer(s) of Corporation
	Electrical Permit Information
Description of Work TS Pole: Yes Work	Electrical Cost \$ Underground
Permanent Service: Underg	ground (+ Overhead () Service Size: 200
Electrical Contractor's Gom	pany Name Telephone
546 Les/ie Rol Far Address	New NE. 2 340 12007-4
Welles Blite	License #
Signature of Officer(s) of Co	rporation
Description of Work	Mechanical Permit Information
CONTROL OF ARCIN	megneting remit information
Number of Units	The state of the s
Number of Units  Jacksons AT6+41	Type System Hant fund Mechanical Cost \$
Number of Units  Jackson's AT6+4/  Mechanical Contractor's Com P.O. Boy 182 Banson	Type System Hant fund Mechanical Cost \$
Number of Units  Spickson's AT6 + 4/  Mechanical Contractor's Com P.O. Box 82 Banson  Address "  Ad	Type System Hart furth Mechanical Cost \$  C, £4.C. 9/0 - 89/ - 54/0 - 9/9 - 669 - 0486  Telephone  J 3 6 70  License #
Number of Units  Sackson's AT6+4/  Mechanical Contractor's Com  P.O. Boy 182 Banson	Type System Hart furth Mechanical Cost \$  C, £4.C. 9/0 - 89/ - 54/0 - 9/9 - 669 - 0486  Telephone  J 3 6 70  License #
Number of Units  Jackson's 176 + 4/  Mechanical Contractor's Com P.O. Boy 82 Banson  Address  Signature of Officer(s) of Corp	Type System Half fund Mechanical Cost \$  C, FAC  Apany Name  Telephone  J 3 6 70  License #
Number of Units  Jackson's AT6 + 4/  Mechanical Contractor's Com  P.O. Box 82 Banson  Address  Signature of Officer(s) of Corp  Description of Work	Type System Har fund Mechanical Cost \$  C, VAC  Plant   Mechanical Cost \$  10 - 89/ - 54/0 4/7 - 669 - 0186  Telephone  J 3 6 70  License #  Doration  Plumbing Permit Information
Number of Units  Jackson's AT6 + A/  Mechanical Contractor's Com  P.O Box 8 + Ban son  Address  Signature of Officer(s) of Corp  Description of Work  Number of Baths  Jackson  Description of Work	Type System Har fund Mechanical Cost \$  C, VAC  Plant   10   891 - 5410   419 - 669 - 0186    Telephone  J 3 6 70  License #  Plumbing Permit Information  Plumbing Cost \$  919 - 210   419 - 669 - 6186    Plumbing Permit Information
Number of Units  Jackson's ATE + A/  Mechanical Contractor's Com  P.O Box 82 Ban son  Address  Signature of Officer(s) of Corp  Description of Work  Number of Baths  Plymbing Contractor's Compa	Type System Half Jung Mechanical Cost \$  C, TAC:  10-89/-54/0 4/7-669-0186  Telephone  J 3 6 70  License #  Doration  Plumbing Permit Information  Plumbing Cost \$  9/9-820-0016  Telephone  Telephone
Number of Units  Jacksons AT 6 + 4/  Mechanical Contractor's Com  P.O. Box 82 Banson  Address  Signature of Officer(s) of Corp  Description of Work  Number of Baths  Plymbing Contractor's Compa	Type System Har fund Mechanical Cost \$  C, VAC  Plant   10   891 - 5410   419 - 669 - 0186    Telephone  J 3 6 70  License #  Plumbing Permit Information  Plumbing Cost \$  919 - 210   419 - 669 - 6186    Plumbing Permit Information
Number of Units  Jacksons AT 6 + A/  Mechanical Contractor's Com  P.O. Box 82 Banson  Address  Signature of Officer(s) of Corp  Description of Work  Number of Baths  Plymbing Contractor's Compa	Type System Har fund Mechanical Cost \$  C, FAC.  Ipany Name Telephone J3670 License #  Doration  Plumbing Permit Information  Plumbing Cost \$  719-820-002-6  Telephone
Number of Units  Jackson's ATE + A/  Mechanical Contractor's Com  P.O. Box 8 - Ban sou  Address  Signature of Officer(s) of Corp  Description of Work  Number of Baths  Plymbing Contractor's Compa  Address  Address  Address	Type System    Type System   Hart   Mechanical Cost \$
Number of Units  Jacksons AT 6 + A  Mechanical Contractor's Com  P.O Box 82 Bax Sov  Address  Signature of Officer(s) of Corp.  Description of Work  Number of Baths  Plymbing Contractor's Compa  Address  Signature of Officer(s) of Corp.  Signature of Officer(s) of Corp.	Type System   Har   Mechanical Cost \$   10 - 89  - 54/0   9/9 - 669 - 0186     10 - 89  - 54/0   9/9 - 0186     10 - 89  - 54/0   9/9 - 01

3.	Application #		<u></u>
	bbs must fill out this portion r System Information		· · · · · · · · · · · · · · · · · · ·
Sprinkler Contractor's Company Name	Contact & Telephone		
Address	License #		
Signature of Officer(s) of Corporation  Fire Alarr	m System Information		
		1	
Fire Alarm Contractor's Company Name	Contact & Telephone	•	
Address	License #	•	
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Tr	ransportation Driveway Access/Permit?	Yes	No
<ol> <li>Questionnaire per G.S. 87-14 Regulations at</li> <li>Do you own the land on which this but</li> <li>Have you hired or intend to hire an incomplete?</li> <li>Do you intend to directly control &amp; sup</li> <li>Do you intend to schedule, contract, or</li> </ol>	dividual to superintend and mana  —  Dervise construction activities?	yes age cor yes yes	no no nstruction of no no no
be done?	——————————————————————————————————————	_ yes	no
5. Do you intend to personally occupy the following completion of construction and creates the presumption under law that y	do you understand that if you do	not do	
Sign & date		• •	
I hereby certify that I have the authority to make and that the construction will conform to the representation of the Harnett County Zon contractors is correct as known to me and if any building and trade plans, Environmental Health promy responsibility to notify the Harnett County Certain Certain County Certain County Certain County Certain County Certain Certain County Certain	regulations in the Building, Electrical, ing Ordinance. I state the information changes occur including listed contra- permit changes or proposed use chang	Plumbii n on the ctors, sit es, I cer	ng and above e plan, tify it is

7/07

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

Application #	

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

The undersigne	ed applicant for Building Permit #	being the:
	_ General Contractor _ Owner _ Officer/Agent of the Contractor or Owner	
	firm under penalties of perjury that the person( th in the permit:	s), firm(s) or corporation(s) performing
	Has/have three (3) or more employees and ha compensation insurance to cover them.	s/have obtained workers'
	Has/have one (1) or more subcontractors(s) at compensation insurance to cover them.	nd has/have obtained workers'
	Has/have one (1) or more subcontractors(s) w workers' compensation insurance covering the	
	_ Has/have not more than two (2) employees an	d no subcontractors.
Department iss insurance prior firm or corporati	on the project for which this permit is sought it is suing the permit may require certificates of to issuance of the permit and at any time durin ion carrying out the work.	coverage of worker's compensation g the permitted work from any person,
Firm Name:	53 D HomeBuilders LL	<u></u>
Sign/Title:	53 D HomeBuilders LL CHUNCR / MEMBER 20107	
Date: 8/2	20/07	

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Plan Box-Number 3

AP

Job Name StD Hrmes

Date: 8-21-07

Required Inspections for SFA/SFD

Appl. # 07-500 18 280 Valuation 16 1 779 Sq. Feet 2490

## Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	P* Building Foundation
20	R* Building Foundation
30-999	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
	R*Plumb. Under Slab
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
40	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	
999	One Trade Final > 2500
	Envir. Operations Permit