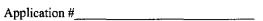
F Each set tion below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application #	183	69
 ***1		

Harnett County Central Permitting 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: Date: Phone: 910-323-4301 to Elliot Bridg Rd. Directions to job site from Lillington: 401 South Subdivision: Co Construction Type: (Please Check) Building Use: (Please Check) __ Moved House New Residential Commercial Renovation Addition Other Modular Multi-Family Description of Proposed Work: 人です。 Total Project Cost: Heated SF [653] Unheated SF 556 Finished Rec Room? Crawl Space () Slab () General Contractor Information Building Cost \$ EIK Ridge Gt Southview 910-323-4301 Building Contractor's Company Name Telephone 100-4 Brod ford Are tareflevilleNC 2830 Address Must sign second page & fill out third page Signature of Owner/Contractor/Officer(s) of Corporation **Electrical Permit Information** Elec Cost \$ Description of Work New Const. Amps #TPoles Service Size: AllMAN ETECTING Electrical Contractor's Company Name Telephone aretteville WILKES Address Signature of Officer(s) of Corporation Mechanical Permit Information Mech Cost \$ Description of Work Neu # Units Mechanical Contractor's Company Name Addinas [nature of Officer(s) of Corporation Plumbing Permit Information Plumb Cost \$ Description of Work New Cond Vence Johnson Plumbing Contractor's Company Name 3242 MOPINE Drive / FAYetterle, N.C. Address Insulation Permit Information Insulation Contractor's Company Name & Address



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	bs must fill out this portion System Information				
Sprinkler Contractor's Company Name	Contact & Telephone	_			
Address	License #				
Signature of Officer(s) of Corporation Fire Alarn	n 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					
	ing to Build Their Own Home				
- '	Technician to determine if you qualify for permit under Own				
Questionnaire per G.S. 87-14 Regulations a	-				
Do you own the land on which this bui	laing will be constructed? yes	no			
2. Have you hired or intend to hire an income the project?	dividual to superintend and manage cor				
3. Do you intend to directly control & sup	ervise construction activities? yes	no			
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? yes no					
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 and that the construction will conform to the remark Mechanical codes, and the Harnett County Zoni contractors is correct as known to me and if any building and trade plans, Environmental Health purpose my responsibility to notify the Harnett County Certification.	egulations in the Building, Electrical, Plumbir ing Ordinance. I state the information on the changes occur including listed contractors, site ermit changes or proposed use changes, I cert	ng and above e plan, iify it is			
Signature of Owner/Contractor/Officer(s) of Corpo		-			

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

The undersigned	d applicant for Building Permit # being the:
X	General Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby conf the work set fort	irm under penalties of perjury that the person(s), firm(s) or corporation(s) performing h 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 iss insurance prior	n the project for which this permit is sought it is understood that the Central Permitting uing 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, on carrying out the work.
Firm Name:	Roin Development Inc
Sign/Title:	Un March President
Date:	G-30-07

Plan Box Number <u>F-7</u>

Job Name RAM

Date: 08 30-07

Required Inspections for SFA/SFD

Appl. # 07500 18369 Valuation \$144,042 Sq. Feet 2217

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	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	One Trade Final > 2500
999	Envir. Operations Permit
	-