

* 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

5th Address
302 Curragh Cove
Foggy Varma NC

Application for Building and Trade Permit

Owner's Name: C + C Properties Date: 9-3-07
Address: PO Box 655 Holly Springs NC 27540 Phone: 919-524-2915
Directions to job site from Lillington: 401 N from Lillington Take right onto Rawls Club Rd + take 1st left on Curragh Cove.
Subdivision: Magnolia Crest Lot: 12
Construction Type: (Please Check) New Moved House Renovation Addition Other
Building Use: (Please Check) Residential Commercial Modular Multi-Family
Total Project Cost: 300,000 Description of Proposed Work: Single Family

General Contractor Information

Heated SF 9600 Crawl Space Building Construction Cost \$ 270,000
Unheated SF Slab () Acres Disturbed 1/2 Acre Stories 3
Hampton Custom Builders Telephone 919-524-2915
Building Contractor's Company Name Address PO Box 655 Holly Springs NC License # 57196
[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work [Signature] Electrical Cost \$ 10,600
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead Service Size: 200 Amps
Eagle Electrical Services Telephone 910-980-3762
Electrical Contractor's Company Name Address 7633 Sherrill Bassett Rd License # 18800-2
Dawn Nicole 9/30/08
Address 28334
Edward A. Homer
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work NEW CONSTRUCTION HVAC Mechanical Cost \$ 10,000
Number of Units 2 Type System Electric
Air Control Telephone 910-980-3762 910-9801209
Mechanical Contractor's Company Name Address 6623 Sherrill Bassett Rd Godwin NC License # 21319
[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ Plumbing Cost \$ 10,000
Number of Baths _____ Telephone _____
Wagner Plumbing License # 07674
Plumbing Contractor's Company Name Address Box 494 Mendenhall, NC 27552
[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential Other Not Required
Insulation Inc Address Raleigh NC Telephone _____
Insulation Contractor's Company Name

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 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

9-3-07

Date

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

The undersigned applicant for Building Permit # _____ being the:

- General 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: Stampton Custom Builders Inc
Sign/Title: [Signature] President
Date: 9-3-07

Plan Box Number G-1

Job Name C + C.

Date: 9-5-07

Required Inspections for SFA/SFD

Appl. # 0750018386
Valuation \$ 204,725
Sq. Feet 3151

Sequence

10	<u>✓</u>	R* Bldg. Footing
10-30	<u>✓</u>	R* Elec. Temp Service Pole
20	<u>✓</u>	R* Building Foundation
20	<u>✓</u>	Address Confirmation
30-999	<u>✓</u>	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	<u>✓</u>	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	<u>✓</u>	R* Insulation
60		Four Trade Final
60	<u>✓</u>	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	<u>✓</u>	Envir. Operations Permit