

** 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 # 0750018390

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: Brian Haddock Date: 8/3/07

Site Address: Hectors Creek Phone: _____

Directions to job site from Lillington: Hwy 901 Toward Frying Left on Christian Light Rd. Site on Rt. Before Bob and Nans

Subdivision: Hector Creek Township Lot: _____

Construction Type: (Please Check) New Moved House Renovation Addition Other
Building Use: (Please Check) Residential Commercial Modular Multi-Family

Total Project Cost: 180,000 Description of Proposed Work: 180,000 NewsFD

Heated SF 2000 Unheated SF _____ Finished Rec Room? 400 Crawl Space (w/Slab) _____

General Contractor Information Building Cost \$ 150,000

Brian Haddock (owner) 919-796-0564 (mobile)
Building Contractor's Company Name Telephone

6504 Sunset Lake Rd Frying Vanner _____
Address License #

Brian Haddock _____
Signature of Owner/Contractor/Officer(s) of Corporation

Must sign second page & fill out third page

Electrical Permit Information Elec Cost \$ 7000.00

Description of Work NEW RESIDENTIAL HOME Service Size: 700 Amps #TPoles 1

Calvin Neal Spack ELECT SERVICE 919-532-5858
Electrical Contractor's Company Name Telephone

4900 ALLAN BROOKE LN. RUFFY VA, NC 27526 14526-L
Address License #

Calvin Neal Spack _____
Signature of Officer(s) of Corporation

Mechanical Permit Information Mech Cost \$ 6,000

Description of Work Heat & Air #Units 2

Underwood Heat & Air HVAC Specialist 552-9549
Mechanical Contractor's Company Name Telephone

Tony Underwood Tony Underwood 22035 _____
Address License #

5843 Colesbury Rd _____
(Signature of Officer(s) of Corporation)

Plumbing Permit Information Plumb Cost \$ 5,000

Description of Work New DWV/Peris # Baths 2 1/2

Wagner Plumbing 893-3535
Plumbing Contractor's Company Name Telephone

Morris N.C. _____
Address License #

[Signature] _____
Signature of Officer(s) of Corporation

Insulation Permit Information

Insulation Inc 919-572-9000
Insulation Contractor's Company Name & Address Telephone

NET DAILY WORK 11-13-07

**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

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners 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 building will be constructed? yes no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? yes no
3. Do you intend to directly control & supervise 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

B. Hank 9-27-07
Sign & date

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.

B. Hank
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~~
B. H. [Signature] Owner
B. H. [Signature] 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: *B. H. [Signature]* _____

Sign/Title: *B. H. [Signature]* _____

Date: *9-03-07* _____

Plan Box Number H-1

Job Name HADDOCK

Date: 9-5-07

Required Inspections for SFA/SFD

Appl. # 0750018390

Valuation \$242,793

Sq. Feet 3740

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 checked="" 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 type="checkbox"/> | Envir. Operations Permit |

* 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 # 18390

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: _____ Date: _____

Site Address: _____ Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: _____ #Bedrooms: _____

Heated SF _____ Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab ()

General Contractor Information

Building Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Must sign & fill out second page

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

Electrical Permit Information

Description of Work _____ Service Size: 200 Amps TPole: yes/no

PATRICK FURBERG'S SHOP 893 5774
Electrical Contractor's Company Name _____ Telephone _____

1309 N MAIN ST LILLINGTON
Address _____ License # 2410U

Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Insulation Permit Information

Insulation Contractor's Company Name & Address _____ Telephone _____

Handwritten notes:
11/13/07
[Signature]

PERMIT # 18390

BRIAN HADDOCK is building house

el, Calvin SEARS, AM NOT WIRING
this house and would like my PERMIT
pulled at this time.

11-14-2007 Calvin Neal Sears

E. FR ST

TOTAL 3 BKS

PLANNING
Bld.

CENT. PERMIT
18390