

* 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 # 0950018415
Harris County Central Permitting
PO Box 66 Livingston, NC 27046
Telephone Number 810-835-7555 www.harris.org

Owner's Name: Oak City Homes Date: 12-5-09
Address: P.O. Box 6127 Raleigh NC 27628 Phone: 919-832-5526
Directions to job site from Livingston: 401 N. Rt on Bellwood Rd
Right into Bellwood Woods - Joseph Alexander
Subdivisor: Bellwood Woods Lot: 701

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

Total Project Cost: \$100,000 Description of Proposed Work: General Contractor Information
Heated SF 2400 Crew Space Building Construction Cost \$ 180,000
Unheated SF 400 Slab () Acres Disturbed 0 Acres 0
Oak City Homes Telephone: 919-832-5526
Building Contractor's Company Name: P.O. Box 6127 Raleigh NC 27628 Telephone: 53423
Address: _____ License # _____

Signature of Owner/Contractor/Officer(s) of Corporation: _____
Description of Work: Electrical Electrical Permit Information
TS Role: Yes No () Underground () Overhead () Electrical Cost \$ _____
Permanent Service: Underground Overhead () Service Size: 200 Amps
CHOICE ELECTRICAL SERVICE Telephone: (919) 2639-0483
Electrical Contractor's Company Name: 12 Brookwood Circle Angier, N.C. 27501 Telephone: 22934-L
Address: _____ License # _____
Signature of Officer(s) of Corporation: Richard Cutch

Description of Work: _____ Mechanical Permit Information
Number of Units: _____ Type System: _____ Mechanical Cost \$: _____
Services Heating + Cooling Telephone: (910) 897-5017
Mechanical Contractor's Company Name: 22 Hickory Tree Lane Angier, NC 27501 Telephone: 19342
Address: _____ License # _____
Signature of Officer(s) of Corporation: _____

Description of Work: _____ Plumbing Permit Information
Number of Baths: _____ Plumbing Cost \$: _____
Wagner Plumbing Inc. Telephone: (910) 893-9050
Plumbing Contractor's Company Name: P.O. Box 494 Maysboro, NC 27552 Telephone: 07074
Address: _____ License # _____
Signature of Officer(s) of Corporation: _____

Description of Work: _____ Insulation Permit Information Residential Other () Not Required ()
Alpro Insulation Co. Telephone: (919) 834-9304
Insulation Contractor's Company Name & Address: 360 Wolfpack Lane Kingsville NC 27546 Telephone: _____
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Sprinkler System Information - Commercial

Sprinkler Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation	

Fire Alarm System Information - Commercial

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, loading 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

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

12-5-09
Date

Application # 0950018415

**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 Duke City Homes

Sign/Title Noel Mercado

Date 12-5-07

Plan Box Number B-9

Job Name OAK CITY

Date: 12-5-07

Required Inspections for SFA/SFD

Appl. # 0750018415
Valuation \$ 211,352
Sq. Feet 3253

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