*Each section below to be filled out by whomever performing work. Must be owner	Application a Harnett County Central Permitting	#184Ce1
or licensed contractor. Address, company name & phone must match information on	PO Box 65 Lillington, NC 27546	
license.	Phone 910-893-7525 Fax 910-893-2793 www.harnett.org Application for Building and Trades Permit	
Owner's Name: Kan De	velopment Date:	9-12-07
Site Address: 26 Caroli	NA DAKS Phone: 9/10	
Directions to job site from Lilling	iton: 5 uni to Elliat R. 1	323730
towillucus R	d. Julian Fight	X AC
Subdivision: Carolina	M 114	7
Construction Type: (Please Che	eck) Building Use: (Please Check)	
New Moved Hous Renovation Addition	Residential Col	mmercial
-		lti-Family
Total Project Cost:	Description of Proposed Work: Resdent	ial Home
Heated SF [6] Unheated	SF 484 Finished Rec Room? NA Contractor Information Building Cost \$	Crawl Space () Slab (4)
EIK Ridgeat Sout		(20)
Building Contractor's Company N	IdameTelephone	4301
100-4 Bradford A	ve tryoteville NC 28301	3L9121
Address		License #
Signature of Owner/Contractor/Of	Must sign second page & f	ill out third page
a Flactric	cal Dormit Information Florid 1.6	
Description of Work & Vectors	Service Size: 200 Amps	#TPoles_ <i>]</i>
Electrical Contractor's Company N	wal Cortatol 818.4125	
2772 Salool Koa	Odlan Mallona - com	
Address	Loge Mells, MC 28348	598/W
Julian Bain		License #
Signature of Officer(s) of Corporati		·
	al Permit Information Mech Cost \$	
Description of Work	# Units_	
Mechanical Contractor's Company		-6009
1439 Tae Hall	Name Telephone	/G. (***)
Address	MONTH ARROW MES NIC	<u> </u>
Into Join		Licerise #
Signature of Officer(s) of Corporation		
Description of Work Pundon	Permit Information Plumb Cost \$	
	# Baths_	2
Plumbing Contractor's Company Na	<u>40/№</u> <u>910+ 484-</u> me Telephone	9403
		1610
Address		License #
Zarlen Jam		
Signature of Officer(s) of Corporation	l <u>Insulation Permit Information</u>	
Cuberland Insula		484 7118
Insulation Contractor's Company Nar	0.4.11	ephone
	HOLLOWILLE NO COSIC	

	Application #	
Commercial Jo Sprinkler	bs must fill out this portion System Information	
Sprinkler Contractor's Company Name	Contact & Telephone	
Address	License #	_
Signature of Officer(s) of Corporation Fire Alarm	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 Train	nsportation Driveway Access/Permit? Yes	No
Homeowners Applyi Please answer the following questions then see a Permit Te	ng to Build Their Own Home achnician to determine if you qualify for permit under Own	ers Exemption.
Homeowners Applyi Please answer the following questions then see a Permit Te Questionnaire per G.S. 87-14 Regulations as	echnician to determine if you qualify for permit under Own	·
Please answer the following questions then see a Permit Te	echnician to determine if you qualify for permit under Own to Issue of Building Permits (Memo available	e upon reques
Please answer the following questions then see a Permit Te Questionnaire per G.S. 87-14 Regulations as	echnician to determine if you qualify for permit under Owner to Issue of Building Permits (Memo available ding will be constructed? yes	e upon reques
Please answer the following questions then see a Permit Te Questionnaire per G.S. 87-14 Regulations as 1. Do you own the land on which this build 2. Have you hired or intend to hire an indi	echnician to determine if you qualify for permit under Owner to Issue of Building Permits (Memo available ding will be constructed? yes vidual to superintend and manage con yes	e upon reques no struction o
Please answer the following questions then see a Permit Te Questionnaire per G.S. 87-14 Regulations as 1. Do you own the land on which this build 2. Have you hired or intend to hire an indihe project?	echnician to determine if you qualify for permit under Owner to Issue of Building Permits (Memo available ding will be constructed? yes vidual to superintend and manage con yes ervise construction activities? yes	e upon reques no struction o no no ion work to
Please answer the following questions then see a Permit Te Questionnaire per G.S. 87-14 Regulations as 1. Do you own the land on which this build 2. Have you hired or intend to hire an indihe project? 3. Do you intend to directly control & supe 4. Do you intend to schedule, contract, or	to Issue of Building Permits (Memo available ding will be constructed? yes vidual to superintend and manage con yes ervise construction activities? yes directly pay for all phases of construction yes building for at least 12 consecutive most you understand that if you do not do	e upon reques no struction o no no ion work to no
Please answer the following questions then see a Permit Te Questionnaire per G.S. 87-14 Regulations as 1. Do you own the land on which this build 2. Have you hired or intend to hire an indihe project? 3. Do you intend to directly control & super decided to some and the project of the proje	to Issue of Building Permits (Memo available ding will be constructed? yes vidual to superintend and manage con yes ervise construction activities? yes directly pay for all phases of construction yes building for at least 12 consecutive most you understand that if you do not do	e upon reques no struction of no no ion work to no onths so, it

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 <u>any</u> 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 7 2 - 0 / Date

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	
Do hereby confi the work set fort	firm under penalties of perjury that the person(s), fire the in the permit:	m(s) or corporation(s) performing
	Has/have three (3) or more employees and has/hav compensation insurance to cover them.	e obtained workers'
	Has/have one (1) or more subcontractors(s) and has compensation insurance to cover them.	s/have obtained workers'
	Has/have one (1) or more subcontractors(s) who haw workers' compensation insurance covering themselv	s/have their own policy of ves.
	Has/have not more than two (2) employees and no s	subcontractors.
Department issuinsurance prior to firm or corporation	n the project for which this permit is sought it is under uing the permit may require certificates of cover to issuance of the permit and at any time during the pon carrying out the work.	age of worker's compensation
Firm Name: K	an Development unc	
Sign/Title:	lea Maril Owner	
Date: 9-12	2-67	

Plan	Box	Number	\mathcal{L}	9

Job Name RAM

Date: 9 - 13 - 07

Required Inspections for SFA/SFD

Appl. # 87-500 1846 | Valuation # 143262 | Sq. Feet 2205

Sequence

10	
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