* Each section below to be filled out by		Application # 18 463	
whomever performing work. Must be owner or licensed contractor. Address, company	Harnett County Central Pe PO Box 65 Lillington, NC 27	rmitting	
name & phone must match information on license.	Phone 910-893-7525 Fax 910-893-2793	www.harnett.org	
Owner's Name: Rank	Application for Building and T	Date: 9-12-07	
	nus Coke Ci-	Phone: 910 - 323-430	
	101: 5401 to Ellid		
to will was Rd	Sub on rabt	ariejie.	
Subdivision: Carolin	. . U	Lot: 6	
Construction Type: (Please Ch			
Mew Moved Hou	se Residential	Commercial	
	Other Modular	Multi-Family	
	Description of Proposed Work:		
	SF 520 Finished Rec Room? Contractor Information Building		+
ElkRidge of Sov	Kview 910-	323-4301	
Building Contractor's Company I			
Address	re toupethille NCC30	1	
when Man	Must sign	second page & fill out third page	
Signature of Owner/Contractor/C	fficer(s) of Corporation	ct \$	
Description of Work		Amps #TPoles_/	
		8 4/25	
Electrical Contractor's Company	Name Telephone	8 711V = E17 V 11	
Address	Name relephone	License #	
Julian Bair	<u> </u>		
Signature of Officer(s) of Corpora	tion cal Permit Information Mech Co	act C	
Description of Work HUA		The state of the s	
1 Hans	9	10-415-6009	
Mechanical Contractor's Company	/ Name Te	10-425-609 lephone 102	
1437 Doe Hy	Road Hope Mills	16 18407-43	•
Address	ν	License #	
Signature of Officer(s) of Corporat	ion		
	g Permit Information Plumb Cos		
Description of Work	5	# Baths 2	
Description of Work Plubly Earlie Jones Plumbing Contractor's Company N	unto ins	16-484-4403	
Porox 64177 E.	ame Tel	4 less	
Address	CHOILE 30 4	License #	
Signature of Officer(s) of Corporation	·····		
Signature of Optoer(s) of Corporation	on <u>Insulation Permit Informatio</u>	n	
Conberland Insulation Contractor's Company N	sulation 4205	410-484-716	
Insulation Contractor's Company N	ame & Address Cinton	Telephone	
	Trender ile)_	
	100	83(C	

	Application #	
Commercial Jobs mu Sprinkler Syste	st fill out this portion em Information	
Sprinkler Contractor's Company Name	Contact & Telephone	-
Address	License #	-
Signature of Officer(s) of Corporation Fire Alarm Systems	em Information	
Fire Alarm Contractor's Company Name	Contact & Telephone	-
Address	License #	
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Transporta	ation Driveway Access/Permit? Yes	No
	D. H. Their Own Home	
Homeowners Applying to Please answer the following questions then see a Permit Technicia	S Build Their Own Home an to determine if you qualify for permit under Owner	s Exemption.
Questionnaire per G.S. 87-14 Regulations as to Is	sue 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 individuation the project?	al to superintend and manage cons yes	truction of
3. Do you intend to directly control & supervise	e construction activities? yes	no
4. Do you intend to schedule, contract, or direct be done?	ctly pay for all phases of construction	on work to no
5. Do you intend to personally occupy the build following completion of construction and do you creates the presumption under law that you fra	u understand that if you do not do s	io, it
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 <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

912-07

Application	#
tppiication.	**

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

The undersigne	d applicant for Building Permit #	being the:
	General Contractor Owner Officer/Agent of the Contractor or Own	ner
Do hereby conf the work set fort		person(s), firm(s) or corporation(s) performing
	Has/have three (3) or more employee compensation insurance to cover the	es and has/have obtained workers' m.
	Has/have one (1) or more subcontract compensation insurance to cover the	tors(s) and has/have obtained workers' m.
	Has/have one (1) or more subcontract workers' compensation insurance cov	tors(s) who has/have their own policy of rering themselves.
	Has/have not more than two (2) empl	oyees and no subcontractors.
Department iss insurance prior	uing the permit may require certific	ught it is understood that the Central Permitting rates of coverage of worker's compensation me during the permitted work from any person,
Firm Name:	andevelopment Inc	
Sign/Title: U)	ilea Hauel Own	KT.
Date: 9-1	2-07	

Plan Box	Number	Da

Job Name RAM

Date: 9-13-07

Required Inspections for SFA/SFD

Sq. Feet__

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
50	Two Trade Final
50	Two Trade Final > 2500
50	One Trade Final
50	One Trade Final > 2500
)99	Envir. Operations Permit
	=