* 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 # 67 500 / 85 95

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

Telephone Number 910-893-7525 www.harnett.org

Application for Building and	<u>I Tr</u>	ade	Permit
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Owner's Name: RAYNOC Bulde	C3 INC. Date: 12-31-07
Address: 360 N RAIL OF SE	Date: 12-31-07
Directions to job site from Lillington: 210	Angler N.C. 27501 Phone: 639-3012
T-L =+ Nc. 1+C V == 0	Toward Angler T.L on James Norris
Subdivision: St. 1. C.	a Greenlevel House on Right 18mile.
Construction Town (D)	Lot: <u> </u>
Construction Type: (Please Check) New Moved House	Bu il ding Use: (Please Check) Residential Commercial Modular Multi-Family
RenovationAddition Other	
Total Project Cost: 3 50000	Multi-Family
Total Project Cost: <u>35000</u> Description	of Proposed Work:SFD
_	
Unheated SF 299 Slab ()	Contractor Information Building Construction Cost \$ 275,000 Acres Disturbed Stories 2 5 License #
RayNor Bulcless Tive	Acres DisturbedStories 2.5
Building Contractor's Company Name	
Address Adergh St. Angler N	1C. 27501 40079
Address	License #
Signature of Owner/Contractor/Officer(s) of C	Corporation
Description of Work	al Permit Information
TS Pole: Yes () No () Underground (V	Electrical Cost \$
POUR DELVICE LINGSFORGING & Y. A	L - 1/1 = ''
Electrical Contractor's Company Name	639 - 4827
Electrical Contractor's Company Name Angle C. N.C.	Telephone
Address	
John Coly	License #
Signature of Officer(3) of Corporation	
Mechanic	al Permit Information
Number of Units 2 Type System TC 5 HEAT WA A F Mechanical Contractor's Company Name	SPIL+ Mechanical Cost \$
Mechanical Contractor's Company Name	146 A+PUMP 557-3053
- HOLLY SOCINGS NIC	Telephone
Address	License #
Signature of Officer(s) of Corporation	_
(v) at Corporation	
Description of Work	Permit Information
Number of Baths	
Bacnes Plumbing	Plumbing Cost \$
Flumbing Contractor's Company Name	Telephone
Address N.C.	<u> 17735</u>
-Lam Barrer	License #
Signature of Officer(s) of Corporation	
lmandati	Dame W. L. et
Mot Reduired ()	Permit Information
一つのようし、 エカマットはイン	GARNEC N.C.
Institution ('ontroptes's O	Address Telephone
	Page 1 of 3 8/06

	Application #			
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				
Plumbing and Mechanical codes, and information on the above contractors is including listed contractors, site plan, bechanges or proposed use changes, I certificate the contractors of any and Central Permitting Department of any and				
Signature of Owner/Contractor/Officer(s)	TCorporation Date			

Application #

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

The undersigned applicant for Building Permit #_6750018545 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: RAYNOC BUILDERS INC.
Sign/Title: OWNER OWNER
Date:

Plan Box Number F-3

Job Name KINSEY

Date: 12-21-87

Required Inspections for SFA/SFD

Appl. # <u>07500 18545</u>
Valuation <u>\$199,592</u>
Sq. Feet <u>3072</u>

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	
60	Two Trade Final > 2500
60	One Trade Final
999	One Trade Final > 2500
	Envir. Operations Permit