nee + ent 11-13-07 Nel

0/50018591 ict 208 CV

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

Application for	Building and Trade Permit			
Owner's Name: <u>JRC Developers. Inc.</u>	Date: 11/73 /07			
Address: 170 Pine State St. U	illination, NC Phone: 814-4236			
Directions to job site: Hwy 27 out of Lilling	ton. O onto Buffago lake Rd. O into Crestin	س		
Subdivision (C) and first shoot (R) and	Spring Nr. (1) mot and spring for (1).	<u>m</u> to		
Kolling stone of the at the or the ac	346 -			
Subdivision: <u>Crestnew Estates</u>	Lot: <u>208</u>			
Construction Type: (Please Check)	Building Use: (Please Check)			
<u></u> New	Residential			
Renovation	Modular			
Addition	Commercial			
Moved House	Multi-Family			
Other	· · · · · · · · · · · · · · · · · · ·			
Description of Proposed Work: New Hom	e			
Total Project Cost: \(\langle 50,000 \)				
Building	Permit information			
Heated SF 2480 Crawl Space (4)	Building Construction Cost \$ 150,000	_		
Unheated SF 516 Slab ()	Acres Disturbed 1.32 Stories 2			
Jason Price Construction, Inc.	814-4236			
Building Contractor's Company Name	Telephone			
170 Pine State St. Willington, NC 275				
Address	License #			
Natalie Diei				
Signature of Officer(s) of Corporation				
Flectrica	Permit Information			
Description of Work New Home	Electrical Cost \$ 7,000			
TS Pole: Yes (1) No. () Underground (1) (Overheard ()	5		
Permanant Service: Underground () Overhea	d() Service Size: 200 Amps			
MAT Electrical Confector 2	nc 919-258-6570			
Electrical Contractor's Company Name	Telephone			
PR-BOX 384 BORKWAY A.	C. 27505 11906-12			
PAC DON -3 DT CHURCH WEY III	11, -44,44			
Addiess 2 1/ Ton	yes F. Romas TR			
proper of thomas !	""			
Signature of Officer(s) of Corporation		w · ·		
Mechan	ilcal Permit Information			
Description of Work New Home	that Markon of Costs 7 and	—		
Number of Units Type System				
Jackson's Heating + A/C IN.	<u>- 910-891-5410</u>			
Mechanical Contractor's Company Name	Tolophone			
P.UBOY 87 BUNSON, N.L	27504 23670			
Addison	License	o #		
Address	riogi fa	5 M		
9. David Garhan	v=-b			
Signature of Officer(s) of Corporation				
Plumbina	Parmit Information			
Description of Work New Home				
Nymber of Baths 2.5	Plumbing Cost \$ 7,000	_		
Store Contract Plumbing, In		_		
Plumbing Contractor's Company Name	Telephone	_		
67 Hunter View Mr. Coats HC-	23160			
Address D M	License #	_		
Maurite Xlever				
Signature of Officer(s) of Corporation				
•				
Insulation Permit Information				
Residential (*) Other () Not Required ()	519 old brugstore ed.			
latum Insulation II, Inc.	<u>Garner, NE</u> (919) (661-0	<u> </u>		
Insulation Contractor's Company Name	Address Telephone			

Αı	pplication	#	
* * 1	P	**	

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)				
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				
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, number of bedrooms, 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 Date				
Signature of Owner/Contractor/Officer(s) of Corporation Date				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
Affidavit for Worker's Compensation N.C.G.S. 87-14				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant 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				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant 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:				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant 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 three (3) or more employees and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant 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 three (3) or more employees and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant 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 three (3) or more employees and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves. Has no 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.				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant 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 three (3) or more employees and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves. Has no 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				

Plan Box Number 3

Job Name JBC. PEN"

Date: 11-13-67

Required Inspections for SFA/SFD

Appl. # <u>07500|859|</u>
Valuation # 198, 553
Sq. Feet 3056

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