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

18592

Application for Building and Trade Permit
Owner's Name: BEB Land Tourstors, UC Date: 10 30 07 Address: 170 Pine State Street : Ulliagha No. Phone: (813 813 up.)
Directions to job site: Hay 27 out of Wington. (O onto Butfalo lake hel. Approx. 2 mies
to subdivision. Tum (D) into Cryptien, followed to a (D) arto first street. (B) anto Spring Dr. (D) onto Copytal Spring Drive. (D) onto Expring Drive.
Subdivision: Crestriew Estates Lot: 241
Construction Type: (Please Check) Building Use: (Please Check)
✓ New Residential
RenovationModular
Addition Commercial
Moved HouseMulti-Family
Other Description of Represent Medical Matrix Matrix
Description of Proposed Work: New Home Total Project Cost: 150,000
Total Flojast Cost 130,000
Building Permit Information
Heated SF 2299 Crawl Space (4) Building Construction Cost \$ 150,000
Unheated SF 576 State 2. Acres Disturbed 35 Stories 2.
Jason Price Construction, Inc. (910) 814-4736
Building Contractor's Company Name Telephone
170 Pine State Street Lillington, NC 50859
Address License #
Address License # Signature of Officer(s) of Corporation
organizate or Officer(s) of Corporation
Many III. Electrical Permit Information
Description of Work New Home Electrical Cost \$ 7,000
TS Pote: Yes (4' No () Underground (4' Overheard () Penmanant Service; Underground () Overhead () Service Size: 200 Amps
MAT Electrical Contractor Inc 919-258-6570
Electrical Countractor's Company Name Telephone
Electrical Contractor's Company Name Telephone Telephone 1/90/e- 4-
PR. BOX 384 BROADWAY N.C. 27505 , 11906-14
PR. BOX 384 BROADWAY N.C. 27505 , 11906-14
PR-BOX 384 BRODDING N.C. 27505 11906-11 License #
Addless (Janes F. Romas TR) License #
Addless (Janes F. Romas TR) Signature of Officer(s) of Corporation Mechanical Permit Information
PR-Box 384 Broadway N.C. 27505 Addless License # License # Description of Work New Home Machanical Permit Information
PR-Box 384 Broadway N.C. 27505 1906-W License # License # License # Description of Work New Horre Mechanical Permit Information Number of Units Typo System HVAC Mechanical Cost \$ 7,800
PR-BOX 384 BRODDING II. C. 27505 1906-W License # Mechanical Permit Information Mechanical Permit Information Number of Units Typo System HVAC Mechanical Cost \$ 7,000 Tack Son's Heating + A/C Tai: 910-891-5410
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Addless Signature of Officer(s) of Corporation Description of Work New Howe Number of Units Typo System HVAC Mechanical Cost \$ 7,000 Tack So N's Heating + A/C Twi- 910-891-5410 Mechanical Contractor's Company Name Tolephone Tolephone
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Address Janes F. Romas Tallores F. Vac. Mechanical Cost S. 7,000 Jackson's Heating + A/C Tai 910-891-5410 Mechanical Contractor's Company Name Telephone P. U Bo y B 2 Ben jon, N.C. 27504 Address License # December Tallores F. Dand Games F.
Address Signature of Officer(s) of Corporation Description of Work New Howe Number of Units Typo System HVAC Mechanical Cost \$ 7,000 Tack So N's Heating + A/C Twin 910-891-5410 Mechanical Contractor's Company Name Tolephone P. U Bo y 82 Benson, N.C 37504 Address License #
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Address Description of Work Number of Units Typo System Mechanical Permit Information Description of Work Number of Units Typo System Mechanical Cost \$ 7,000 Tackson's Heating + A/C Tuic 9/0-891-54/0 Mechanical Contractor's Company Name Totophone Pumbing Permit Information Description of Work Number of Baths 25 Plumbing Permit Information Plumbing Cost \$ 7,000 Address Address First of Company Name License # Plumbing Cost \$ 7,000 Telephone 23/65 Plumbing Contractor's Company Name License # Signature of Officer(s) of Corporation Insulation Permit Information Insulation Permit Information

Application #

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
Have you hired or intend to hire an individual to superintend and manage construction of the project? yesno
Do you intend to directly control & supervise construction activities? yes no
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?
yesno
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.
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
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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. Let the cover of 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. Left 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 AA-3

JASON Job Name PRICE

Required Inspections for SFA/SFD

Appl. # 07500 185 92 Valuation \$186,793 Sq. Feet 2875

Sequence

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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 > 2500
50	
999	One Trade Final > 2500
	Envir. Operations Permit