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27-13-2007 68:44 AM

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*Such median below to be filled out by whomence performing work. Must be growed or economic repetit, company pane & phone reset match information on Science.	I DIT BAR MI	y Control Permitting Jergen, NC 22540 I e16-885-8793 (non-hern Micro anni, Tradige (CR	ttora ttol	,
Chinara Name: Victor	M. Guerra		2010: 10-12-	07
Ste Address: Cumm	ings Road	Phone:_	919-499-26	07
Directions to job site from Little	W			
			at: LOT 1	Treat
Subdivision:				_
Construction Tree: (Please C ∠ New Mound He Renovation Addition	Other	id <u>ina User</u> (Please Ch Recidential Modular	Commercial Multi-Femily	
Total Project Cost: 150,000.	Description of Prop	need Work:		
Heated SF 3105 Unhack	od SF 2765 Finishe a) Constructor Inflatell	d Rec Room? Hop Building Cost i	150,000, **	() see ()
J Vasquet Resident	tial Construction	m (336) 366	223	ppped#
Building Contractor's Compar	y Nemo	i andbusono	7 6248	سے
Address -	Or. Dobs	20 NC 2701	License #	
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Significure of Owner/Contracts	priOfficer(s) of Corpore extrices Permit Inframe	tion Fine Core St.	8000.00	
Description of Work	rion with the		A STATE OF THE PARTY OF THE PAR	-
Hash Flec	tris		5-3-9581	
Electrical Contractor's Compa	THÀ MANGE	Telephone	73 550	19-L
Adjusts L. J. J.	Land		Lippnes II	
Signature of Officer(6) of Con	paretien aciest Parent infance	etien Nech Cost \$_	2,350,"	
Description of Work Rough	EN AND TE	<u></u>	(Units	
CAROLENA COMED	AT AER THE	Tojopho	934-1060	
Mochanical Contractor's Con	en com (verstrie).		T. A. A. Control of the Control of t	55 29077
Address	31 - 31 - 31 - 31		Ucaree	
			A	
Signature of Officer(s) of Cor	colore Certification		8470	
Description of Work _ KO	sh+Tein 2	2 fixtures	# Baths	
Richard South	Plynbing Inc	7917	· 353 - 28-6	<u>t </u>
Plusibles Contractor's Comp	J San toch	NC 27331	<u> 26875</u>	
ASTER SELLE			Liceres	*
Signature of Official of Co	poretien Insuletient	Personal Indoornation	336)366 3	233
Insulation Contractor's Cons	uny Nama & Address		Talephone	

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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:				
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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. Also one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.				
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. Las 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 4-3

Job Name VICTOR GUERRA

Date: 10-19-07

Required Inspections for SFA/SFD *

Appl. # 07 500 18712. Valuation \$243,903 Sq. Feet 3754

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	
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
50	One Trade Rough In > 2500
60	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
	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit