

18733

Application for Building and Trade Permit

Owner's Name: CHRISTOPHER W. WEAVER T/A CWW CONTRACTORS Date: _____
Address: 172 WINDMERE DR. ANGLER, N.C. 27501 Phone: 919-796-9286
Directions to job site: Z10 TOWARDS ANGLER, LEFT ON HARNETT CENTRAL RD,
SUBDIVISION 1/2 MILE ON LEFT.

Subdivision: QUAIL GLEN Lot: 6
Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other
Description of Proposed Work: CONSTRUCT NEW SFD
Total Project Cost: \$ 213,550

Building Permit Information

Heated SF 2386 Crawl Space
Unheated SF 1292 Slab ()
CWW CONTRACTORS
Building Contractor's Company Name 172 WINDMERE DR. ANGLER NC
Address Chris W. Weaver
Signature of Officer(s) of Corporation
Building Construction Cost \$ 178,550
Acres Disturbed .7 Stories _____
919-796-9286
Telephone 56674
License # _____

Electrical Permit Information

Description of Work _____ Electrical Cost \$ 4,200
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: 200 Amps
MABRY'S ELECTRICAL SERVICE
Electrical Contractor's Company Name 731 MABRY RD. ANGLER, N.C. 27501
Address Johnny J Mabry
Signature of Officer(s) of Corporation
Telephone 919-639-4837
License # 15077-U

Mechanical Permit Information

Description of Work _____
Number of Units _____ Type System _____ Mechanical Cost \$ 56,000
HVAC SPECIALISTS, INC.
Mechanical Contractor's Company Name 5843 Cokesbury Rd. F-V N.C. 27526
Address T.F. Walker
Signature of Officer(s) of Corporation
Telephone 919-552-9549
License # 22035

Plumbing Permit Information

Description of Work _____
Number of Baths _____ Plumbing Cost \$ 8,000
Tommy Allen Plg.
Plumbing Contractor's Company Name 116 Kennebec Rd.
Address Willow Springs NC 27592.
Signature of Officer(s) of Corporation
Telephone 552-6902
License # 9268

Insulation Permit Information

Residential () Other () Not Required ()
TRI-CITY
Insulation Contractor's Company Name 418 PETERSON ST. FAYETTEVILLE N.C.
Address 910-486-8855
Telephone

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 ___

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 in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

Chris W. Wren
Signature of Owner/Contractor/Officer(s) of Corporation

11/01/07
Date

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)

- 1. 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

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.

Company or Name: CHRISTOPHER W. WEAVER T/A CWV CONTRACTORS

Sign w/Title: Chris W. Weaver / OWNER Date: 11/01/07

Plan Box Number D-7

Job Name CWW CONST.

Date: 11-2-07

Required Inspections for SFA/SFD *

Appl. # 0750018733
Valuation \$186,468
Sq. Feet 2870

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999	<input type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input type="checkbox"/>	R*Plumb. Under Slab
40	<input type="checkbox"/>	Four Trade Rough In
40	<input checked="" type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input type="checkbox"/>	Four Trade Final
60	<input checked="" type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit