

App # 07.5001-8794

**Application for Building and Trade Permit**

Owner's Name: H&H Constructors, Inc. Date: 1.14.08  
Address: 2919 Breezewood Ave., Ste. 400 Fayetteville, NC 28303 Phone: 910-486-4864  
Directions to job site: \_\_\_\_\_

Subdivision: FOREST OAKS Lot: 156  
Type Construction: (Please Check) Building Use: (Please Check)  
New (x) Renovation ( ) Addition ( ) Residential (x) Modular ( )  
Moved House ( ) Other ( ) Commercial ( ) Multi-Family ( )  
Description of Proposed Work: \_\_\_\_\_  
Total Project Cost: \_\_\_\_\_

**Building Permit Information**

Heated 1714 Crawl Space ( ) Building Construction Cost \$ 106,000<sup>00</sup>  
Unheated 700 Slab ( ) Acres Disturbed 0.362 Stories 1  
H&H CONSTRUCTORS, INC. 2929 BREEZEWOOD AVE., STE. 200 FAYETTEVILLE, NC 28303  
Building Contractor's Company Name Address  
Ralph Hoffmann 31554 910-486-4864  
Signature of Officer(s) of Corporation License # Telephone

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: \_\_\_\_\_ Amps  
T & N Electric Corp. 910.487.5000  
Electrical Contractor's Company Name Telephone  
4341 Swindon Dr., Fay., NC 28312 25333 U  
Address License #  
Signature of Officer(s) of Corporation E. N. J.

**Mechanical Permit Information**

Description of Work \_\_\_\_\_  
Number of Units \_\_\_\_\_ Type System \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_  
Cooper Mechanical Contractors, Inc. 919.776.7537  
Mechanical Contractor's Company Name Telephone  
P.O. Box 1068, Sanford, NC 27331-1068 02680  
Address License #  
Signature of Officer(s) of Corporation Joseph Kennedy

**Plumbing Permit Information**

Description of Work \_\_\_\_\_  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
Jason Allen Bilodeau DBA JB Plumbing 910.486.5272  
Plumbing Contractor's Company Name Telephone  
3511 Farm Circle Rd., Fay., NC 28306 18945  
Address License #  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Insulation Permit Information** Residential ( ) Other ( ) Not Required ( )

Tri City Insulation-418 Person St., Fay., NC 28301 910-486-8855  
Insulation Contractor's Company Name & Address Telephone

**Sprinkler System Information**

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
License Number

**Fire Alarm System Information**

\_\_\_\_\_  
Alarm Contractor's Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Contact Person's Signature

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Telephone

**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.

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

1-14-08  
\_\_\_\_\_  
Date

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

The undersigned applicant for Building Permit # \_\_\_\_\_ 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: H&H Constructors, Inc.  
Sign/Title: D. Ralph Huff, III President - Owner  
Date: 1.14.08

Plan Box Number FG

Job Name H-T-H-Const.

Date: 1-17-08

Required Inspections for SFA/SFD

Appl. # 07-50018794

Valuation 146705

Sq. Feet 2258

Sequence

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