APP#07.500.18797

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

Application for Building and Trac	
Owner's Name: H&H Constructors, Inc.	
Address: 2919 Breezewood Ave., Ste. 400 Fayetteville, NC 28303	Phone: 910-486-4864
Directions to job site:	-
Subdivision: FOREST OAKS Lot: 199	T
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:	annanga
Total Project Cost:	
Building Permit Information	
Heated Crawl Space & Building Permit Information Building Communication Building Permit Information Building Communication Building Permit Information Build	struction Cost \$ 110.8/3
Unheated 69 Slab 0 Acres Disturbed 0.3	Stories
	E. 200 FAYETTEVILLE, NC 28303
Building Contractor's Company Name	Address
Dlalph Huf Ither 31554	<u>910-486-4864</u>
Signature of Officer(s) of Corporation License #	Telephone
Electrical Permit Information	n
Description of Work Electrical Co	st \$
TS Pole: Yes () No () Underground () Overhead ()	-
Permanent Service: Underground () Overhead () Service Size	·Amps
T & N Electric Corp. 910.48 Electrical Contractor's Company Name Telephone	1.5000
Electrical Contractor's Company Name Telephone	
4341 Swindon Dr., Fay., NC. 28312	_ 25333U
Address	License #
EO-Q-1X	
Signature of Officer(s) of Corporation	
Mechanical Permit Information	<u>on</u>
Description of Work Type System Med	hanical Cost \$
Number of Units	0 001 0051 V
Cooper Mechanical Contractors, Inc. 919 Mechanical Contractor's Company Name Telep	9-776-7537
Mechanical Contractor's Company Name	phone
P.O. Box 1068, Sanford, NC 27331-1068	10000
Address	License #
- Cua Canary	
Signature of Officer(s) of Corporation	
Description of Work	1
Number of Baths Plumbing Co	st \$
	0.488.5878
THE SAME PROPERTY OF THE SAME PARTY OF THE SAME	phone
3511 Farm Circle Rd. Fax., NC. 28306	X745
Address	License #
, ildison	
Figurature of Officer(s) of Corporation	
Insulation Permit Information Residential () Other	er () Not Required ()
Tri City Insulation-418 forsm St. Fay M	
Insulation Contractor's Company Name & Address	Telephone

Sprinkler Syste	em Information
Sprinkler Contractor's Company Name	Address
Contact Person	Telephone
License Number	
Fire Alarm Syst	em Information
Alarm Contractor's Company Name	Address
Contact Person	Contact Person's Signature
License Number	Telephone
<u>Drivewa</u>	y Access
NC Department of Transportation Driveway Access/Pr	ermit? Yes No
I hereby certify that I have the authority to make necess that the construction will conform to the regulations in codes, and the Harnett County Zoning Ordinance. I state correct as known to me and if any changes occur in the notify the Harnett County Inspections Division of any Signature of Owner/Contractor/Officer(s) of Corporation	the Building, Electrical, Plumbing and Mechanical ate the information on the above contractors is above contractors I certify it is my responsibility to changes. ALL. B

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

Water User's Agreement Form Must be Completed in Full Before Service is Made Available. I.D is Required.

		nown apply for o	custome		a approved	i ci cuti onivi
Today's Date	Fees Due:	Deposit, Owner,	Water	\$25	Connecti	
1.111 0.11	/	Deposit, Owner,	Sewer	\$25	all accou	nts: \$15
Date Service Requested: Will Call	· _	Deposit, Rental,	Water	\$50		
		Deposit, Rental,	Sewer	\$50	Meter Fe	e: \$70
This agreement is to request Harnett County Department and Regulations, to provide water and/or sewer service con the provide water and/or sewer service con the provided water and/or sewer service continued to the provided water and/or sewer service continued to the provided water and the provided	onnections at the fo	ollowing location:				District's Rules
Service Address: 400 Veal Vile	<u> </u>	L	andlord	l;		омнаниямимия С
Applicant's Name: H+H ConStru	ictors, I	Inc.				
Applicant's Social Security #: Tay ID:		2112 _{DL#:}			_Birthdate:	
Co-Applicant's Name: //A		c s montenementementementementementementemen	,			
Co-App's Social Security #:		DL#:	***************************************		_Birthdate:_	
Applicant's Billing Address: 2919 Bro	ectewood	d Ave., St	e 40	<u>v</u>		
Town: Fayetteville	S	State: NC			_Zîp: <i>_</i>	18303
office 1 910.486.4864	4 (Cell Phone #:				
Home Phone #: 110 100 T80		on thone #				
Previous Address:				maaammaaay (
Previous Address:			macco obunică abovo cence			
			macco obunică abovo cence			
Previous Address: Employer's Name:				none #:		
Previous Address: Employer's Name: Employer's Address:			PI PI	none #:		
Previous Address: Employer's Name: Employer's Address: Co-Applicant's Employer:			PI PI	none #:		
Employer's Name: Employer's Address: Co-Applicant's Employer: Name of Nearest Relative: Mailing Address: I, the undersigned, do agree to abide by the rules make all payments on time when due as stated on the WAT notice. In order for service to be restored, I will be required action to collect on an account will be the responsibility of the refunded. Property owners will be responsible for a montant sold or rented. By signing this application, you are agreein	and regulations of ER/SEWER bill, i to pay ALL DUE the customer. Any othly bill regardle ng that you are at l	the Harnett County D the department has the amounts plus a \$30 r y FINAL BILLS with ess of whether water a least 18 fears of age.	PI PI epartment right to di econnect fe a credit bal	none #: none #: none #: none #: none #: ance of Public sconnect sconnect ance of l	: Utilities. Sho my services w fees resulting f	uld I fail to ithout further from court
Employer's Name: Employer's Address: Co-Applicant's Employer: Name of Nearest Relative: Mailing Address: I, the undersigned, do agree to abide by the rules make all payments on time when due as stated on the WAT notice. In order for service to be restored, I will be required action to collect on an account will be the responsibility of the refunded. Property owners will be responsible for a montant sold or rented. By signing this application, you are agreein	and regulations of ER/SEWER bill, if it to pay ALL DU the customer. Any othly bill regardle	the Harnett County D the department has the amounts plus a \$30 r y FINAL BILLS with ess of whether water a least 18 fears of age.	PI Ph epartment right to disconnect for a credit ball and/or sew	none #: none #	: Utilities. Sho my services w fees resulting f	uld I fail to ithout further from court will not be the property is
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Application #	
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Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigne	ed applicant for Building Permit # being the:
X	General Contractor
	Owner
	Officer/Agent of the Contractor or Owner
Do hereby confithe work set for	firm under penalties of perjury that the person(s), firm(s) or corporation(s) performing th in the permit:
X	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.
<u> </u>	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.
Department issi insurance prior t	in the project for which this permit is sought it is understood that the Central Permitting uing the permit may require certificates of coverage of worker's compensation is issuance of the permit and at any time during the permitted work from any person, on carrying out the work.
Firm Name:	Ht H Constructors, Inc.
Sign/Title:	Kalph Huff, III President - Owner
Date: 4.2	22:08

Plan Box Number AA-5

Job Name H. + H. CENSTR.

Date: 4-25-08

Required Inspections for SFA/SFD

Appl. # 07500 6797 Valuation 5 149759 Sq. Feet 1965

Sequence