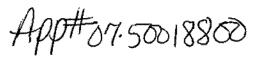
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-4759



| Application for Building and Trade | 2./\\·\\\ |
|--|--|
| Owner's Name: H&H Constructors, Inc. | Date: 3.10.00 |
| Address: 2919 Breezewood Ave., Ste. 400 Fayetteville, NC 28303 | Phone: 910-486-4864 |
| Directions to job site: | |
| Subdivision: FOREST OAKS Lot: 20 | 4 |
| Subdivision: FOREST OAKS Lot: | |
| 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 | 11/1000 |
| Heated 1990 Crawl Space () Building Constr | ruction Cost \$ //4/8 |
| Unheated Kasiah (A) Acres Disturbed (1. A) | 51 Stories |
| H&H CONSTRUCTORS, INC. 2929 BREEZEWOOD AVE., STE. | 200 FAYETTEVILLE, NC 28303 |
| H&H CONSTRUCTORS, INC. 2929 BREEZEWOOD AVE., STE. Building Contractor's Company Name | Address |
| () WW. Dh. J. W. W. 1844 31554 | <u>910-486-4864</u> |
| Signature of Office (5) of Corporation 31554 License # | Telephone |
| | |
| Electrical Permit Information | . dh |
| Description of Work Electrical Cost TS Pole: Yes () No () Underground () Overhead () Service Size | [D |
| TS Pole: Yes () No () Underground () Overhead () Service Size: | Amns |
| Permanent Service: Underground () Overhead () Service Size: | |
| TENElectric Corp. 910.481 | ·5000 |
| T & N Electric Corp. 910.497 Electrical Contractor's Company Name Telephone | |
| 4341 Swindon Dr., Fay, NC. 28312 | <u> </u> |
| Address | License # |
| Address SOO N | |
| | |
| Signature of Officer(s) of Corporation Mechanical Permit Information | 1 |
| | |
| Description of Work Type System Mech | anical Cost \$ |
| A Miles of Miles of the American | -776-7537 |
| Mechanical Contractor's Company Name Croper Mechanical Contractor's Company Name 719 Teleph | 700e |
| Mediginal contractor a company | mak is one obtained |
| P.O. Box 1068, Sanford, NC 27331-1068 | <u></u> |
| Address | License # |
| - Cue Kanon | |
| Signature of Officer(s) of Corporation | |
| Plumbing Permit Information | |
| Description of Work | , , , , , , , , , , , , , , , , , , , |
| Number of Baths Plumbing Cost | t \$ |
| Jason Allen Bilodeau Dopholbi amoine FIR | . 432.537 <u>(</u> |
| Plumbing Contractor's Company Name Teleph | none |
| Figitiping Contactors | · / / - |
| 2511 Farm Circle Ro. Fay W. Stage | License # |
| Address | FIGGURE IF |
| - John Start | |
| Signature of Officer(s) of Corporation | and the same of th |
| Insulation Permit Information Residential () Other | () Not Rednited () |
| TFI. THE Insulation-415 Person Florida Florida | |
| 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 |
| The state of the s | Address |
| Contact Person | Contact Person's Signature |
| License Number | Telephone |
| Drivewa | v Access |
| NC Department of Transportation Driveway Access/Po | ermit? Yes No |
| I hereby certify that I have the authority to make neces 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 of 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. |

| Application | # |
|-------------|---|
|-------------|---|

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

| The undersigne | d applicant for Building Permit # being the: | | |
|-------------------------------------|---|--|--|
| | General Contractor Owner Officer/Agent of the Contractor or Owner | | |
| Do hereby cont the work set for | firm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the in the permit: | | |
| X | Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them. | | |
| fluoriditis . | Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them. | | |
| X | Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves. | | |
| X | Has/have not more than two (2) employees and no subcontractors. | | |
| Department iss insurance prior t | n 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 to issuance of the permit and at any time during the permitted work from any person, on carrying out the work. | | |
| Firm Name:7 | Ht H Constructors, Inc. | | |
| Sign/Title: | Kalph Huff, TIL President - Nuner | | |
| Date: SII |)·0Χ | | |

| Plan | Box | Number | AA | 8 |
|------|-----|--------|----|---|
| | | | | |

Job Name # + 14

Date: ____ 3 - 17 - 08

Required Inspections for SFA/SFD

Appl. # 07 500/8800 Valuation 15 7556 Sq. Feet 2425

Sequence

| 10 10-30 20 20 30-999 30-999 30-999 40 40 | R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In 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 |
| 60 | One Trade Final > 2500 |
| 999 | Envir. Operations Permit |
| | on a operations remit |