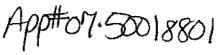
## Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759



Owner's Name: H&H Constructors, Inc.	Date: 4./4.//	
Address: 2919 Breezewood Ave., Ste. 400 Fayetteville, NC 28303 Directions to job site:	Phone: 910-486-4864	
Subdivision: FOREST OAKS Lot: 205		
Type Construction: (Please Check)	Building Use: (Please Check)	
New (x) Renovation () Addition ()  Moved House () Other ()	Residential (x) Modular ()	
Description of Proposed Work:	Commercial () Multi-Family ()	
Total Project Cost:	A	
	* ************************************	
Heated //89 Crawl Space () Building Permit Information Building Constru	in 10500	
Unheated 5.38Slab (1) Acres Disturbed 0.348	action Cost \$ 105,05200	
H&H CONSTRUCTORS INC. 1919 PRINCEPPING ACTES DISTURDED	HC Stories 2	
H&H CONSTRUCTORS, INC. 2929 BREEZEWOOD AVE., STE. 2 Ballding Contractor's Company Name	00 FAYETTEVILLE, NC 28303 Address	
1) alph the 13 1554	910-486-4864	
Signature of Officer(s) of Corporation License #	Telephone	
Electrical Permit Information  Flectrical Cost 5	B	
Description of Work Electrical Cost 9 TS Pole: Yes () No () Underground () Overhead ()	P	
Permanent Service: Underground () Overhead () Service Size:	Amps	
TEN Electric Corp. 910.487	5700	
Electrical Contractor's Company Name Telephone		
4341 Swindon Dr., Fay, NC 28312	25333 U	
	License #	
Address 500 n	Licerise w	
Signature of Officer(s) of Corporation		
Mechanical Permit Information		
Description of Work Type System Mechan	-11-01-0	
Number of Units i ype System iwechan	ard Cost \$	
	116.7537	
Mechanical Contractor's Company Name Telepho		
P.O. Box 1068, Sanford, NC 27331-1068	02680	
Address	License #	
Sandan		
Signature of Officer(s) of Corporation		
Description of Work		
Number of Baths Plumbing Cost \$		
	486.5878	
Plumbing Contractor's Company Name Telepho		
3511 Farm Circle Rd. Fay, MC. 28306	18945	
Address	License #	
- Second		
Signatures of Officer(s) of Corporation		
Insulation Permit Information Residential () Other () Not Required ()		
Tri City Insulation-4/8 Forson St. Fau., NO. Insulation Contractor's Company Name & Address	28301 910-484-8855	
Insulation Contractor's Company Name & Address	Telephone	

Sprinkler Syst	em Information			
Sprinkler Contractor's Company Name	Address			
Contact Person	Felephone			
License Number				
Fire Alarm Sys	tem Information			
Alarm Contractor's Company Name	Address			
Contact Person	Contact Person's Signature			
License Number	Telephone			
Driveway Access				
NC Department of Transportation Driveway Access/P	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 st 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 Corporati	the Building, Electrical, Plumbing and Mechanical ate the information on the above contractors is above contractors I certify it is my responsibility to changes.			

#

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

The undersigne	d applicant for Building Permit #	being the:
<b>V</b>		
	_ General Contractor	
	_Owner	
	Officer/Agent of the Contractor or Owner	
Do hereby conf the work set for	firm under penalties of perjury that the person(s), firm th in the permit:	(s) or corporation(s) performing
V	thank is in	
`	Has/have three (3) or more employees and has/have compensation insurance to cover them.	obtained workers
	Has/have one (1) or more subcontractors(s) and has/l	nave obtained workers'
	compensation insurance to cover them.	
V	15	
	Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.	
V	workers compensation insurance covering themselve	<b>5.</b>
X	Has/have not more than two (2) employees and no suit	bcontractors.
Department issunsurance prior t	n the project for which this permit is sought it is underst uing the permit may require certificates of coverage to issuance of the permit and at any time during the per on carrying out the work.	ge of worker's compensation
Firm Name: <u> </u>	to H Constructors, Inc.	
Sign/Title:	Kalph Huff, III President -	Owner
Date:	1.14.05	