\* Each section below to be filled out by whomever pedorming work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 07500 18822

Harnett County Central Permitting PO Bo · 65 Lillington, NC 27546 Telephone Numt er 910-893-7525 www.harnett.org

## Application for Building and Trade Permit

Owner's Name: Account Comme	<u> </u>	Date:	
Owner's Name: Acquist Came.  Address: 636 Co. St. R. V. 2,77	wiften 161846	Phone: <u>\$70 \$\$.4.</u> 6	765
Directions to job site from Lillington: 444	7 4:37 7.1.	Nursery Tet.	weed poor
To Re in Kim Brough Dr.	107 cm 215	Ž.t	
Subdivision: court stare			
	Building Use: (Please Cl Residential Modular	neck)	
Total Project Cost: (15,000) Description of F	roposed Work:	. House	
General (	Contractor Information		
Heated SF // Crawl Space (4) Slab ( ) Unheated SF	Acres Disturbed	Stories 1/2	
PERIC CUST INC	9/1 98	4 6765	
Building Contractor's Company Name	Telephone		
Address	AC 17546	14856	
Signature of Owner/Contractor/Officer(s) of Corp	•		*
Signature of Owner/Contractor/Officer(s) of Corp	oration - Must sign back of t	orm & workers comp	·** ·
Description of Work	I Permit Information Electrical Cost	•	
TS Pole: Yes (+ No () Underground (+ Permanent Service: Underground () Overly The Policy Scampany Name  Electrical Contractor's Company Name  Address  Signature of Officer(s) of Corporation	ead () Service Size: 9/0 850 Telephone	200Amps 2655	
	el Permit Information		
Description of Work Type System	Mecha	nical Cost \$	
Mechanical Contractor's Company Name	5/0 4.	14- 7702	
Mechanical Contractor's Company Name  52/7 Matraccolor Hope Initis Me  Address  Signature of Officer(s) of Corporation	1 depriore 2 8 3 # 8	1/6/4	
	<u> Permit Information</u>		
Description of Work		\$	•
Richard Allen Collabon	910 475	-2441	
Plumbing Contractor's Company Name 318 Donn A 57. 57. Pacis	i elephone	26487	
Address Signature of Officer(s) of Corporation	License #		
insulation  Residential (-)*Other ( ) Not Required ( )	on Permit Information		
Insulation Contractor's Company Name	Address	Telephone	•
		40/04	

	rcial Jobs must fill out this portion prinkler System Information			
Sprinkler Contractor's Company Name	Contact & Telephone	-		
Address	License #	-		
Signature of Officer(s) of Corporation	re Alarm System Information			
Fire Alarm Contractor's Company Name	Contact & Telephone	••		
Address	License #	_		
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department	ent of Transportation Driveway Access/Permit? Yes	No		
Please answer the following questions then see Questionnaire per G.S. 87-14 Regula 1. Do you own the land on which to 2. Have you hired or intend to hire the project?	Applying to Build Their Own Home a Permit Technician to determine if you qualify for permit under Owne ations as to Issue of Building Permits (Memo available this building will be constructed?	upon request)no struction ofno		
4. Do you intend to schedule, cont be done?	tract, or directly pay for all phases of constructi yes	ion work to 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? yesno				
Sign & date				
and that the construction will conform to Mechanical codes, and the Harnett Coulombractors is correct as known to me an haliding and trade plans. Environmental in	to make necessary application, that the application is of the regulations in the Building, Electrical, Plumbing the Zoning Ordinance. I state the information on the additional differential and if any changes occur including listed contractors, site Health permit changes or proposed use changes, I certiumly Central Permitting Department of any and all changes of Corporation.	g and above plan, ify it is		

Application # 0750018822\_

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

	i ne undersigne	ed applicant for Building Pel	rmit #	_ being the:		
CETTLE CO sterry the Ken	mst fort wathlannungs	_ General Contractor _ Owner ∡ Officer/Agent of the Contr	actor or Owner			
	Do hereby con			s) or corporation(s) performing		
	***************************************	_ Has/have three (3) or mo	ore employees and has/have or to cover them.	obtained workers'		
		Has/have one (1) or more compensation insurance	e subcontractors(s) and has/h to cover them.	ave obtained workers'		
			e subcontractors(s) who has/t			
		_ Has/have not more than	two (2) employees and no sul	ocontractors.		
·	Department iss insurance prior	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: 🧲	OBCO Const.	FAC			
	Sign/Title:	Your land	of vep			
	Date: 10-	-		•		

Job Name Cummines "

Date: 11-7-07

Required Inspections for SFA/SFD

Appl. # <u>0750018822</u> Valuation <u>\$180,426</u> Sq. Feet <u>2777</u>

## Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	Four Trade Rough In
40	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
· <del></del>	1