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

	Application	#
--	-------------	---

1883

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Building and Trades Permit Owner's Name: Date: Site Address: 540 Cam Directions to job site from Lillington: Subdivision: (A+7) Construction Type: (Please Check) Building Use: (Please Check) __ Moved House New __ Residential Commercial Renovation Addition Other Modular Multi-Family _____Description of Proposed Work: Kesdentia Total Project Cost: Heated SF 1668 Unheated SF 528 Finished Rec Room? 145 Crawl Space () Slab (4-General Contractor Information Building Cost \$ 910-323-4301 Building Contractor's Company Name Telephone License # Must sign second page & fill out third page Signature of Owner/Contracto Officer(s) of Corporation Electrical Permit Information Elec Cost \$ Service Size: 200 Amps #TPoles 1 818-4125 Electrical Contractor's Company Name Telephone Address Signature of Officer(s) of Corporation Mechanical Permit Information Mech Cost \$ Description of Work # Units Mechanical Contractor's Company Name Address Signature of Officer(s) of Corporation Plumbing Permit Information Plumb Cost \$ Description of Work # Baths Plumbing Contractor's Company Name Telephone Signature of Officer(s) of Corporation Insulation Permit Information Insulation Contractor's Company Name & Address Tu, NZ 28312

	Application #	
	bs must fill out this portion r System Information	
Sprinkler Contractor's Company Name	Contact & Telephone	_
Address	License #	
Signature of Officer(s) of Corporation Fire Alarr	n System Information	
Fire Alarm Contractor's Company Name	Contact & Telephone	
Address	License #	
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit? Yes		
Homeowners Apply Please answer the following questions then see a Permit	/ing to Build Their Own Home Technician to determine if you qualify for permit under Own	ners Exemption.
Questionnaire per G.S. 87-14 Regulations a	is to Issue of Building Permits (Memo availab	le upon request)
1. Do you own the land on which this bu	ilding will be constructed? yes	no
2. Have you hired or intend to hire an inc the project?		nstruction of
3. Do you intend to directly control & sur	pervise construction activities? yes	no
4. Do you intend to schedule, contract, obe done?	or directly pay for all phases of construc yes	ction work to
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?		
. ,	yes	no
Sign & date		
I hereby certify that I have the authority to make and that the construction will conform to the resolution of the matter of the	regulations in the Building, Electrical, Plumbi ing Ordinance. I state the information on the	ng and above te plan,

building and trade plans, Environmental Health permit changes or proposed use changes, I certify it my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

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

Date

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

The undersigne	ed applicant for Building Permit #being the:
/	_ General Contractor Owner
	Officer/Agent of the Contractor or Owner
	firm under penalties of perjury that the person(s), firm(s) or corporation(s) performing rth 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.
Department is insurance prior	on the project for which this permit is sought it is understood that the Central Permitting suing 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, tion carrying out the work.
Firm Name:	Ray Development Ic
Sign/Title: U	Idea Haul owner
Date:	-6-07

Plan Box Number	AA-10
Time Box I tallioci_	

Job Name RAM DEVELOPE

Date: 11 - 6 - 0 7

Required Inspections for SFA/SFD

Appl. # 0750018833 Valuation \$ 123, 705 Sq. Feet 1904

Sequence

10 R* Bldg. Footing 10-30 R* Elec. Temp Service Pole 20 R* Building Foundation 20 Address Confirmation 30-999 Open Floor R* Bldg. Slab Insp. 30-999 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 Three Trade Rough In> 2500 40 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

- 1

528 & GERRICE
INCLUDED