\* 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 # 07500 18839

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-7525 www.hamett.org Application for Building and Trade Permit

Owner's Name: Acount Cumm	ins 1/10 Date: 2-17-08
Address: 630 Golffin RD Killing	40 16 2 15 46 Phone: 510 584-67
Directions to job site from Lillington: 4444	27 WOT Tile Marsey
	re Take TRAN wood Court
_	Lot: 164
Construction Type: (Please Check) New Moved House Renovation Addition Other	Building Use: (Please Check)  Residential Commercial Modular Multi-Family
	Proposed Work: New House
Heated SF \$3/5_Crawl Space ( Slab ( )	Building Construction Cost \$ 150,000 Acres Disturbed Stories 1150
	510 5 8.4 6165 Telephone
_	
Address	14 8 8 License #
Signature of Owner/Contractor/Officer(s) of Corr	ooration – Must sign back of form & workers comp
Description of Work	al Permit Information Electrical Cost \$
TS Pole: Yes (-) No ( ) Underground ( ) Permanent Service: Underground ( ) Over  The Contractor's Company Name  Blectrical Contractor's Company Name  Address  Signature of Officer(s) of Corporation	head () Service Size: 200 Amps 910 850 3655 Telephone
	cal Permit Information
Description of Work Type System	n Mechanical Cost \$
	5/e 434 - 7702 Telephone  2 38348
Signature of Officer(s) of Corporation	mag-m
	ng Permit Information
Description of Work  Number of Baths  RICHARD PHEN LITTURE  Plumbing Contractor's Combany Name  318 Bonn A ST. ST. Facts  Address  Eight Little Cutterface	Telephone
Signature of Officer(s) of Corporation	
Residential (+ Other () Not Required ()  11000 RITE	on Permit Information
insulation Contractor's Company Name	Address Telephone

Application	Ħ	O	7	.5	60	. (	8	8	2	)
	-	-	******	-	CONTRACTOR OF THE	-	***	-		-

	obs must fill out this portion r System Information				
Sprinkler Contractor's Company Name	Contact & Telephone	— <u>-</u>			
Address	License #				
Signature of Officer(s) of Corporation Fire Alarr	m System Information				
Fire Alarm Contractor's Company Name	Contact & Telephone				
Address	License #	Manufe			
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit?  Yes No					
Homeowners Apply Please answer the following questions then see a Permit	ying to Bulld Their Own Home Technician to determine if you qualify for permit under Own	ers Exemption.			
Questionnaire per G.S. 87-14 Regulations a	as to Issue of Building Permits (Memo available	e 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 incite project?	dividual to superintend and manage cor yes				
3. Do you intend to directly control & sup	pervise construction activities? yes	no			
4. Do you intend to schedule, contract, obe done?	or directly pay for all phases of construction yes	tion work to			
5. Do you intend to personally occupy the following completion of construction and creates the presumption under law that y	do you understand that if you do not do				
•	yes	no			
Sign & date					
I hereby certify that I have the authority to make and that the construction will conform to the influence of the mechanical codes, and the Harnett County Zon contractors is correct as known to me and if any building and trade plans, Environmental Health p	regulations in the Building, Electrical, Plumbir ning Ordinance. I state the information on the changes occur including listed contractors, sit	ng and above e plan, tify it is			

Application # 67500 [8839

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

11	ne undersigned	applicant for buil	oing Permit #		being the:	
CEPCu Ca. Kannerk Henry Kannerk	nst Fot Transits Comme	General Contract Owner Officer/Agent of the	or he Contractor or	Owner		
		rm under penaltie h in the permit:	s of perjury tha	t the person(s), fir	rm(s) or corporation(	s) performing
		Has/have three (			ve obtained workers*	
		Has/have one (1 compensation in			as/have obtained wor	kers'
				ntractors(s) who have covering themse	as/have their own po lves.	licy of
*******		Has/have not mo	ore than two (2)	employees and no	subcontractors.	
D in	epartment issusurance prior t	uing the permit	may require con permit and at a	ertificates of cove	erstood that the Cent erage of worker's of permitted work from	compensation
Fi	irm Name: <u>人</u>	EGARTK	Churm			
Si	ign/Title:	-		m		
		7-08		•		

Plan Box Number 67

Job Name Cummings

Date: 2-14-08

Required Inspections for SFA/SFD

Appl. # <u>67-50018</u>839 Valuation 187832 Sq. Feet 2891

## 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
50	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
	•