

* 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 # 18982 garage
18983 pool house

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

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

Application for Residential Building and Trades Permit

Owner's Name: DAlessandro Date: 12/1/07

Site Address: 850 River Ridge Rd Phone: _____

Directions to job site from Lillington: _____

Subdivision: River Ridge Lot: 2 BR

Description of Proposed Work: Addition of garage + pool house #Bedrooms: 2 residence

Heated SF 1100 Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab () 26,000

General Contractor Information

PARADISE POOLS LLC 524-9984

Building Contractor's Company Name Telephone

2112 East Williams St 27539 62988

Address License #

Adam D'Alessandro Must sign & fill out second page

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

Electrical Permit Information

Description of Work _____ Service Size: 200 Amps TPole: yes no

CJB electrical 353-2466

Electrical Contractor's Company Name Telephone

1011 South third St Sanford 27330 23795-L

Address License #

Charlie SIFER

Signature of Officer(s) of Corporation

Mechanical Permit Information

poolhouse only

Description of Work _____

Morrisville Heating & A/C INC 538-9980

Mechanical Contractor's Company Name Telephone

Po Box 1073 22844

Address License #

MIKE FRADY

Signature of Officer(s) of Corporation

Plumbing Permit Information

poolhouse only

Description of Work _____ # Baths _____

Gregg HASKEL plumbing _____

Plumbing Contractor's Company Name Telephone

109 Forked pine Ct 27517 369-6323

Address License #

Gregg HASKEL 19327-2

Signature of Officer(s) of Corporation

Insulation Permit Information

EASTERN INSULATION

Insulation Contractor's Company Name & Address Telephone

Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

- 1. Do you own the land on which this building will be constructed? ___ yes ___ no
- 2. Have you hired or intend to hire an individual to superintend and manage construction of the project? ___ yes ___ no
- 3. Do you intend to directly control & supervise construction activities? ___ yes ___ no
- 4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? ___ yes ___ 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? ___ yes ___ no

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

Adam D'Assummo
Signature of Owner/Contractor/Officer(s) of Corporation 12/1/07
Date

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

The undersigned applicant being the:

___ General Contractor ___ Owner ___ Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

___ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

___ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

___ Has no more than two (2) employees and no subcontractors.

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.

Company or Name: PARADISE POOLS LLC

Sign w/Title: Adam D'Assummo Founder member Date: _____

RESIDENCE W/ POOL
OR AT THE POOL - (NOT
A POOL HOUSE)

Plan Box Number E-1

Job Name DALESSANDRO

Date: 12-4-07

Required Inspections for SFA/SFD

Appl. # 0750018983

Valuation \$71,273

Sq. Feet 1097

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20		Address Confirmation
30-999		Open Floor
30-999	<input checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999	<input checked="" type="checkbox"/>	R* Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit

Application number 07 50018983
 Application type CP NEW RESIDENTIAL (SFD)
 Address LAND FILE ISSUE NA
 Revision/Path/Step/Seq/Agency 8 10 00 BUILDING PLAN REVIEW

Action date 12/04/07
 Action by LYM LYNWOOD MCDONALD
 Action code HD APPROVED
 Time spent (hours) .00
 Correction report item Yes No Add new comment
 Change comment Delete comment

Add new comment Change comment Delete comment

Seq	Comments	Print
1.00	E-1 1. NEED SEALED MFG. ROOF TRUSS DRAWINGS FROM THE SUPPLIER. IF ROOF IS STICK BUILT I WILL NEED A ROOF FRAMING PLAN.	
2.00		
3.00		
4.00		

OK Exit Cancel Add std comment User defaults

DE ALESSANDRO

0 750018983

RESIDENCE
w/ POOL

Box
E-1

August 27th, 2008

To Harnett County Central Permitting

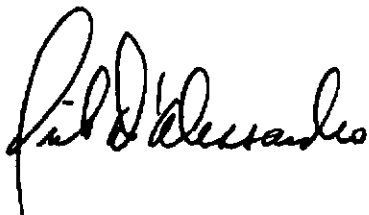
Application Number: 07-50018983

Notice To Change Electrical Contractor

Please see the attached

Thank You,
Nick & Connie D'Alessandro
P.O. Box 1020
850 River Ridge Dr.
Broadway, NC 27505

919/ 258-9945 Res
919/ 258-3333 Biz
919/ 258-3339 Fax



Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
910-893-7525 Fax 910-893-2793
www.harnett.org/permits

CHANCE OF SUBS
8/29/08

Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: NICK & CONNIE D'ALESSANDRO Phone: 919/258-3933

Owner (s) Mailing Address: P.O. BOX 1020
BROADWAY, NC 27505

Land Owner Name (s): SAME Phone: SAME

Construction or Site Address: 850 RIVER RIDGE DR., BROADWAY, NC 27505

PIN or Parcel # from GIS: 13-0602 - - - 0139 - -02-

Job Cost: \$4,000 Description of Work to be done ELECTRICAL (ALL) WORK
DONE IN POOL HOUSE

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___

Electrical*: 200 Amp ___ 400 Amp ___ Service Change ___ Service Reconnect ___ Other
* For Progress Energy customers we need the premises number

Plumbing: Water/Gewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington: (FRED KNOWS HOW TO GET HERE)

Subdivision: _____ Lot #: _____

I Quick Electrical Contracting Inc. will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 2753-4, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

* Structure owner(s) signature: [Signature] Date: 8-28-08

Company Name: Quick Electrical Contracting Inc. Phone: 919-872-7525

Address: 3033-7 Shilohbrook Drive, Raleigh, NC 27604

County: Wake Contractor's License #: 2753-4

Contractor's Signature: [Signature] Date: 8-28-08

*Company name, address, & phone must match information on license.

TRADE

408

SCANNED
9/25/08
DATE

September 12th, 2008

To Harnett County Central Permitting

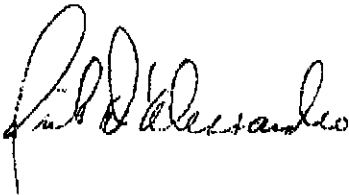
Application Number: 07-50018983

Notice To Change Heating & Air Conditioning Contractor

Please see the attached

Thank You,
Nick & Connie D'Alessandro
P.O. Box 1020
850 River Ridge Dr.
Broadway, NC 27505

919/ 258-9945 Res
919/ 258-3333 Biz
919/ 258-3339 Fax



Application # 07-50018983

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793

www.harnett.org/permits

**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

CHANGE OF SUBS
9/24/08

Owner (s) of Structure: NICK & CONNIE D'ALESSANDRO Phone: 919/258-3353

Owner (s) Mailing Address: P.O. Box 1020
BROADWAY, NC 27505

Land Owner Name (s): SAME Phone: SAME

Construction or Site Address: BSU RIVER RIDGE DR., BROADWAY, NC 27505

PIN or Parcel # from GIS: 13-002 - - 013 - - 02 -

Job Cost: _____ Description of Work to be done HEATING & AIR CONDITIONING

Mechanical: New Unit With Ductwork New Unit Without Ductwork _____ Gas Piping _____

Electrical*: 200 Amp _____ <200 Amp _____ Service Change _____ Service Reconnect _____ Other _____
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap _____ Number of Baths _____ Water Heater _____

Specific Directions to Job from Lillington: FRED KNOWS HOW TO GET HERE

Subdivision: _____ Lot #: _____

I Michael Thomas will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 19490, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature: [Signature] Date: 9/23/08

Company Name: AirMedics Heating & Cooling Phone: 910 893-2555
Address: 7548 US 421 N Lillington NC 27546
County: Harnett Contractor's License #: 19490-11301
Contractor's Signature: Michael Thomas Date: 9/23/08

*Company name, address, & phone must match information on license.