

Plan Box Number E8

Job Name RBC

Date: 2-12-08

Required Inspections for SFA/SFD

Appl. # 0850019161
Valuation 149434
Sq. Feet 2300

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input type="checkbox"/>	R* Elec. Temp Service Pole
20	<input type="checkbox"/>	R* Building Foundation
20	<input type="checkbox"/>	Address Confirmation
30-999	<input type="checkbox"/>	Open Floor
30-999	<input checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input checked="" type="checkbox"/>	R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40	<input type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	Four Trade Final
60	<input type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input type="checkbox"/>	Envir. Operations Permit

* 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 # 08500/9161

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

Owner's Name: RBC Homes, Inc. Date: _____
Address: 5511 Ramsey Street, Suite 100 Fay, NC 28311 Phone: 910 423 3555
Directions to job site from Lillington: 210 South, Sub on Rt just
PAST Elem. School

Subdivision: Gwen Oaks Lot: 48

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: _____ Description of Proposed Work: _____

General Contractor Information

Heated SF 1752 Crawl Space () Building Construction Cost \$ _____
Unheated SF 548 Slab Acres Disturbed _____ Stories 1

RBC Homes, Inc. Telephone 910 423-3555
Building Contractor's Company Name
5511 Ramsey Street Suite 100 Fay NC 28311 License # 55806 U
Address

Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes No () Underground Overhead ()
Permanent Service: Underground () Overhead () Service Size: _____ Amps

Sandy Ridge Elect., Inc Telephone 910 323-2458
Electrical Contractor's Company Name
454 Whitehead Road Fay, NC 28312 License # 10006 U
Address

Carl K. Horn
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____ Mechanical Cost \$ _____
Number of Units _____ Type System _____

PONCO Telephone 910 858-7300
Mechanical Contractor's Company Name
P.O. Box 747 Parkton, NC 28371 License # 16556
Address

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ Plumbing Cost \$ _____
Number of Baths _____

BASS Plumbing Telephone 910 237-7996
Plumbing Contractor's Company Name
841 Larkspur Drive Fay NC 28311 License # 22895
Address

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

Insulation, Inc. 1212 Home Ct Ral, NC 27603 Telephone 919 772 9000
Insulation Contractor's Company Name & Address

Sprinkler System Information - Commercial

Sprinkler Contractor's Company Name

Telephone

Contact Person

License #

Address

Signature of Officer(s) of Corporation

Fire Alarm System Information - Commercial

Fire Alarm Contractor's Company Name

Telephone

Contact Person

License #

Address

Signature of Officer(s) of Corporation

Driveway Access

NC Department of Transportation Driveway Access/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, 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.

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

Date

2/12/08

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

The undersigned applicant for Building Permit # _____ 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/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.

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: RBC Homes, Inc

Sign/Title: [Signature] President

Date: 2/10/08

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available. I.D is Required.

Today's Date _____ Date Service Requested: _____	<p style="text-align: center;">*Deposits shown apply for customers with approved credit only!</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Fees Due: Deposit, Owner, Water</td> <td style="width: 15%; text-align: right;">\$25</td> <td style="width: 45%;">Connection Fee,</td> </tr> <tr> <td>Deposit, Owner, Sewer</td> <td style="text-align: right;">\$25</td> <td>all accounts: \$15</td> </tr> <tr> <td>Deposit, Rental, Water</td> <td style="text-align: right;">\$50</td> <td></td> </tr> <tr> <td>Deposit, Rental, Sewer</td> <td style="text-align: right;">\$50</td> <td>Meter Fee: \$70</td> </tr> </table>	Fees Due: Deposit, Owner, Water	\$25	Connection Fee,	Deposit, Owner, Sewer	\$25	all accounts: \$15	Deposit, Rental, Water	\$50		Deposit, Rental, Sewer	\$50	Meter Fee: \$70
Fees Due: Deposit, Owner, Water	\$25	Connection Fee,											
Deposit, Owner, Sewer	\$25	all accounts: \$15											
Deposit, Rental, Water	\$50												
Deposit, Rental, Sewer	\$50	Meter Fee: \$70											

This agreement is to request Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and/or sewer service connections at the following location:

Please Print:

Service Address: 120 TACTICAL Drive Landlord: _____

Applicant's Name: RBC Homes, Inc.

Applicant's Social Security #: _____ DL#: _____ Birthdate: _____

Co-Applicant's Name: _____

Co-App's Social Security #: _____ DL#: _____ Birthdate: _____

Applicant's Billing Address: 5511 Ramsey Street Suite 100

Town: Fayetteville State: NC Zip: 28311

Home Phone #: _____ Cell Phone #: _____

Previous Address: _____

Employer's Name: _____ Phone #: _____

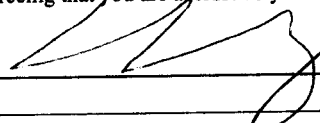
Employer's Address: _____

Co-Applicant's Employer: _____ Phone #: _____

Name of Nearest Relative: _____ Phone #: _____

Mailing Address: _____

I, the undersigned, do agree to abide by the rules and regulations of the Harnett County Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my services without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. **Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented.** By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature: 

Amount Paid: _____	Cash: _____	Check: _____	Account #: _____
Account # Transferred From: _____		Date To Turn Off: _____	
Address of Transferred Account: _____		Turn On: _____	Read Only: _____ Install: _____