Plan Box Number E8

Job Name_RBC

Date: 2-17-08

Required Inspections for SFA/SFD

Appl. # 08-58019162 Valuation 13003 Sq. Feet 2002

Sequence

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
	Envir. Operations remit

* 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 # 085001962

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: 280 Homes, 1NC.	Date:
Address: SSII Ramsey Street, Suite 100 FAY, NC 28311 Directions to job site from Lillington: 210 South, SUBD	Phone: 910 423 3555
Directions to job site from Lillington: 210 South, SUBD	on Pt just
nast Elem. School	
Subdivision: <u>Gwen OAKS</u>	_Lot: <u>47</u>
Construction Type: (Please Check) Building Use: (Please Check) X New Moved House Residential Renovation Addition Other	Check) Commercial Multi-Family
Total Project Cost:Description of Proposed Work:	1
Total Project Cost:	Stories
Building Contractor's Company Name Telephone	<<80(0 1)
Address	2,001,00 1/
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of Electrical Permit Information Description of Work Electrical Cost TS Pole: Yes (x) No () Underground () Overheard ()	
Description of Work Electrical Cost TS Pole: Yes (X) No () Underground () Overheard () Permanent Service: Underground () Overhead () Service Size: Sanor Ridge Electrical Contractor's Company Name Telephone	Amps
Electrical Contractor's Company Name Telephone 454 Whitchead Road Fay, NC 28312 Address	
Signature of Officer(s) of Corporation Mechanical Permit Information	1
Description of Work Type System Mech	nanical Cost \$
Number of Units Type System 910 85	8-7300
Mechanical Contractor's Company Name Telephone	
P.C. Box 747 PARKTON, NC 28371	16556
Address	License #
Signature of Officer(s) of Corporation Plumbing Permit Information	
Description of Work	
Number of Baths Plumbing Cos	st\$ 37-7996
Plumbing Contractor's Company Name 841 LARKYOUR Drive FAY NC 28311	22895
Address Sur	License #
Signature of Officer(s) of Corporation Insulation Permit Information Residential () Other	er () Not Required ()
Insulation Contractor's Company Name & Address	03 919 772 9000
News 9 Address	Telephone

Application # 08500/9/62

Sprinkler System Information - Commercial

Sprinkler/Contractor's Company Name	Telephone /
Contact Person	
Address	License #
Signature of Officer(s) of Corporation Fire Alarm Sy	estem Information - Commercial
Fire Alarm Contractor's Company Name	Telephone /
Contact Person	
Address Signature of Officer(s) of Corporation	License #
NC Department of Transportation Driveway A	ccess/Permit? Yes No
and that the construction will conform to the Mechanical codes, and the Harnett County 2 contractors is correct as known to pie and if a building and trade plans Environmental Health	ake necessary application, that the application is correct e regulations in the Building, Electrical, Plumbing and Coning Ordinance. I state the information on the above any changes occur including listed contractors, site plant h permit changes or proposed use changes, I certify it is Central Permitting Department of any and all changes.
Signature of Owner/Contractor/Officer(s) of Co	prporation Date

Application # 08500/9/62

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

The undersigned	d applicant for Building Permit # being the:
X	General Contractor Owner
	Officer/Agent of the Contractor or Owner
Do hereby confi the work set fort	irm under penalties of perjury that the person(s), firm(s) or corporation(s) performing h 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.
X	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 iss 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, ion carrying out the work.
Firm Name:	RBC Homes ILC President
Sign/Title:	1/V Y TICSICENT
Date:	2/12/08