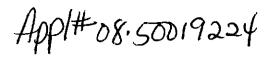
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-4759



Application for Building and Tra	
Owner's Name: <u>H&H Constructors, Inc.</u> Address: <u>2919 Breezewood Ave.</u> , Ste. 400 Fayetteville, NC 2830	Date: A 1 100 Date: 910-486-4864
Directions to job site:	05 Fhone. 910-480-4804
	-0
Subdivision: FOREST OAKS Lot: 12	X
Type Construction: (Please Check)	Building Use: (Please Check)
New (x) Renovation () Addition ()	Residential (x) Modular ()
Moved House () Other ()	Commercial () Multi-Family ()
Description of Proposed Work:	(
Total Project Cost:	
- management	
Heated Crawl Space () Building Permit Information Building Co.	— , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Unheated 100 Slab (Acres Disturbed 0.4	ASS AC. Stories 1
H&H CONSTRUCTORS, INC. 2929 BREEZEWOOD AVE. ST	Sterres
Building Contractor's Company Name	Address
Dialon-tul 1907 31554	910-486-4864
Building Contractor's Company Name Diagonal Wall Signature of Officer(s) of Corporation License #	Telephone
VV	
Electrical Permit Information	<u>on</u> ost \$
Description of WorkElectrical C TS Pole: Yes () No () Underground () Overhead ()	OSI 4
Permanent Service: Underground () Overhead () Service Siz	e: Amps
The 1 Flanding Cara Quality	27,5700
T & N Electric Cor p. 910.4° Electrical Contractor's Company Name Telephone	611-3000
4341 Swindon Dr., Fay, NC 28312	License #
Address	License #
Challe 1	
Signature of Officer(s) of Corporation Mechanical Permit Informat	ion
Description of Work Type System Me	chanical Cost \$
Cooper Mechanical Contractors, Inc. 3	<u> 19-776-7537 </u>
Mechanical Contractor's Company Name	ephone
P.O. Box 1068, Sanford, NC 27831-1068	
	License #
Address	
Signary and fit Officer(a) of Corner Non Care Care Care	
Signature of Officer(s) of Corporation Plumbing Permit Information	on .
Description of Work	
Number of Baths Plumbing C	ost \$
	10:426:5272
Plumbing Contractor's Company Name Tele	ephone
3511 Farm Circle Rd. Fau. NC. 28306	18945
	License #
Address	
Signature of Officer(s) of Corporation	
Insulation Permit Information Residential () Oth	ner () Not Required ()
Tri CHy Insulation - 418 Form St. Fau, N Insulation Contractor's Company Name & Address	Telephone

Sprinkler System Information	
Sprinkler Contractor's Company Name	Address
Contact Person	Felephone
License Number	
Fire Alarm Syst	em Information
Alarm Contractor's Company Name	Address
Contact Person	Contact Person's Signature
License Number	Telephone
Driveway	y Access
NC Department of Transportation Driveway Access/Pe	ermit? Yes No
I hereby certify that I have the authority to make necess that the construction will conform to the regulations in codes, and the Harnett County Zoning Ordinance. I state correct as known to me and if any changes occur in the notify the Harnett County Inspections Division of any of Signature of Owner/Contractor/Officer(s) of Corporation	the Building, Electrical, Plumbing and Mechanical ate the information on the above contractors is above contractors I certify it is my responsibility to changes. 2.25.08

!	
H	#

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

The undersigne	ed applicant for Building Permit # being the:
<u> </u>	_ General Contractor _ Owner _ Officer/Agent of the Contractor or Owner
	_ Officer/Agent of the Contractor of Owner
Do hereby cont the work set for	firm under penalties of perjury that the person(s), firm(s) or corporation(s) performing th in the permit:
X	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
<u> </u>	Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
<u>X</u>	Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
X	Has/have not more than two (2) employees and no subcontractors.
Department issi insurance prior t	the project for which this permit is sought it is understood that the Central Permitting uing the permit may require certificates of coverage of worker's compensation o issuance of the permit and at any time during the permitted work from any person, on carrying out the work.
Firm Name: /	tt H Constructors, Inc.
Sign/Title:	Kalth Huff, III President - Owner
Date: 2.1	5·1/Q

The plans had both slab + crawl- no indiation which it is.

Plan Box Number 19 18 8

Job Name H+H Construction

Date: 3-3-08

Required Inspections for SFA/SFD

Appl. # 08-590 9224Valuation 9/67821Sq. Feet 2583

325

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	
40	Three Trade Rough In> 2500
40	Two Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
50	One Trade Rough In > 2500
60	R* Insulation
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
	