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

0850019506

| Application Application | or Building and | d-Trade Permit | | | |
|--|-------------------------------------|--|--|----------------|--|
| Cowners Name: CRCU CMACGACCE Address: CANACGACCE | ERN DE | 0 <u>2/2</u> المجادة في المارية المارية الم | te: <u>- 6 - 22</u> one: 7929 | 127-8464 V | |
| Directions to job site | | | | | |
| | | | | | |
| Subdivision: | | Lot | | | |
| Construction Type: (Please Check), | Building Us Residen | e:(Rlease Chec tial | Prof. (Calculated that the parties of the calculation) | Beam | |
| Renovation - | Modular | 以外的 | | BAHO | |
| Addition。 E-Moved House 中央 | Comme Multi≟Fa | | | GARAGE | |
| Other 1945 All Harris Harris | | | | o Amir Service | |
| Description of Proposed Work Total Projecticos: | | | | | |
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| THE REPORT OF THE PERSON OF TH | | | | | |
| A Hantaus Andrew Gravi Space (1) | Wax Building Gor h. Acres Distur | THE THE RESERVE AND ASSESSED. | Stories | | |
| 这是人的原则出自己的意思的形式使到自己使自己进行 | STATE OF | 33) 3004° | 559/ (7) | ¥919)&275846 | |
| Buildings and the state of the | /C28334 BIR | 4860 | 7 | 1-046 | |
| APPENDANCE | Licen | se # | | _ | |
| Signature of City cer(s) of Corporation | | , | | | |
| | . Doggait Info | | | | |
| Description of Work William 1911 | Permit Inform | ical Cost \$ | | <u></u> | |
| TS Pole: Yes (*) No (;) Underground () Permanent Service: Underground () Over | Overheard (4) | e Size: 20 | | - - | |
| Dente Worked ERDON | | 7-894- | 0 Amps 3139 | | |
| Esctrical Contractor's Company Name | | hone: | | - | |
| Address | Licens | e# | | • | |
| Agnature of Officer(s) of Corporation | | | | | |
| | | | | | |
| Description of Work Justall HUAC | | | | | |
| Number of Units: 2 Type System | Heat Pumps | Mechanical Cos | st \$ | • • | |
| Mechanical Contractor's Company Name | Teleph | <i>19 - 994 - 42</i> one | 148 | | |
| STW.C. BLASKIG La Coct 5; N.C. 205. Address | <u> </u> | 9497 | · | | |
| 12. Bunt Beach | License | <i>:</i> # | | | |
| Signature of Officer(s) of Corporation | - | | | | |
| Men J. O. Plumbing Permit Information | | | | | |
| Description of Work Number of Baths | | ig Cost \$ | | | |
| Steven Stanley Plumbine | - 9 | 19-894-188 | -4 | | |
| Plumbing Contractor's Company Name 7 Address Address | Telepho | ne /2/0/> | | | |
| Address 1 | License | # : 1 | | | |
| Signature of Officer(s) of Copporation | | | | | |
| V | | | | | |
| Residential () Other () Not Required () | Permit Informat | <u>lon</u> | | | |
| - Mum INSVIATION | | | | | |
| Insulation Contractor's Company Name | Address | Te | elephone | | |

Page 1 of 3

12/04

| 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) | | | | |
|---|--|--|--|--|
| Do you own the land on which this building will be constructed? yes no | | | | |
| 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 Hamett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if <u>any</u> 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. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule. | | | | |
| Signature of Owner/Contractor/Officer(s) of Corporation Date | | | | |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 | | | | |
| | | | | |
| The undersigned applicant being the: | | | | |
| | | | | |
| 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 | | | | |
| 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: | | | | |
| 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 | | | | |
| 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 | | | | |
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Plan Box Number _ C- 6

Job Name WHITTENTON

Date: 5-1-09

Required Inspections for SFA/SFD

Appl. # 98500 1950 & Valuation # 210, 313

Sq. Feet 3237

| Sequence | , |
|----------------|----------------|
| 10 | |
| 10-30 | |
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R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation **Address Confirmation Open Floor** R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In> 2500 Tage Trade Rough In Three Trade Rough In> 2500 Two Trade Rough In Two Trade Rough In> 2500 One Trade Rough In One Trade Rough In > 2500 R* Insulation Four Trade Final Four Trade Final > 2500 Three Trade Final Three Trade Final > 2500 Two Trade Final Two Trade Final > 2500 One Trade Final One Trade Final > 2500 **Envir. Operations Permit**