* 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.

				0.17	F0010120
ach section below to be filled out by mever performing work. Must be owner censed contractor. Address, company ne & phone must match information on nse.	PO Phone 910-893-7	County Centra Box 65 Lillington, N 7525 Fax 910-893- For Building an	al Permitting NC 27546 2793 www.harnet	t.org	50019638
Owner's Name: Rank Site Address: 348 Car	veloph	ent	Da	ate:	-4301
Directions to job site from Lilling	ton: 401	s to El	hott Bri	dsekd	
Subdivision: Caroling	Daks		Lo	t: 12	
Construction Type: (Please Che Moved House Renovation Addition	se	✓ Residenti	and a second sec	ck) Commercial Multi-Family	
Total Project Cost:	Description of	Proposed Worl	k: Newk	esidenti	al
Heated SF Unheated	SF 55b Fi	inished Rec Ro <u>ormation</u> Bui	om?	Crawl	Space (·) Slab (🗡
Ella Ridge at Sou	4	_ <u>G1</u> Telep	0-323-1	1301	
Building Contractor's Company No. 4 Brad ford Address	HIC Fa	reteville	phone <u>NCZ8</u> 32	o/ <u>36</u>	9610
Culler A Mayell Signature of Owner/Contractor/O	fficer(s) of Cor		sign second pag	e & fill out thin	d page
Description of Work Electrica	cl		200 Am		
Electrical Contractor's Company		Telepl)	ATTUN AND
2772 School Ko		millsino	28348	575	8/-U
Address Bain	ر ک			Licen	se#
Signature of Officer(s) of Corporal Mechanic		rmation Med	h Cost \$		
Description of Work			# Uni	its	
			910-3	332-3	500
Mechanical Contractor's Company	Name	-/1	Talantonia		
Address T.	35 d C00	ofing-		~\{\} Licen	33 <i>0</i>
S _nature of Officer(s) or Corporation		mation Plumb	Cost\$		
Description of Work Avus	ديم		# Bat	hs	
Ealise Towes Plus	rabing		910-4	84-940	<u>3</u>
Plumbing Contractor's Company N PO Box 64777	ame –		Telephone (HOID	
Address Jam				Licens	e #
Signature of Officer(s) of Corporation					
A-1 Insulation	PUBOXIS		lkW		9-2990
Insulation Contractor's Company N	ame & Address	,		Telephone	

Application #_	0	0	5	00	/	9638
Application "_						

Commercial Jobs mu Sprinkler Syste	st fill out this portion em Information		
Sprinkler Contractor's Company Name	Contact & Telephone	_	
Address	License #	_	
Signature of Officer(s) of Corporation Fire Alarm Syst	em Information		
Fire Alarm Contractor's Company Name	Contact & Telephone	_	
Address	License #		
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Transport	ation Driveway Access/Permit? Yes	No	
	a Build Their Own Home		
Please answer the following questions then see a Permit Technica			
Questionnaire per G.S. 87-14 Regulations as to Is			
1. Do you own the land on which this building	will be constructed? yes	no	
2. Have you hired or intend to hire an individu the project?	al to superintend and manage con	struction of no	
3. Do you intend to directly control & supervis	e construction activities? yes	no	
4. Do you intend to schedule, contract, or dire be done?	ectly pay for all phases of construct yes	tion work to	
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			
Sign & date			
I hereby certify that I have the authority to make necessand that the construction will conform to the regulat Mechanical codes, and the Harnett County Zoning Or contractors is correct as known to me and if any chang building and trade plans, Environmental Health permit my responsibility to notify the Harnett County Central P	rdinance. I state the information on the ges occur including listed contractors, site changes or proposed use changes, I cert termitting Department of any and all changes.	above e plan, tify it is	

Application # 08 5 00 196 38

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

The undersigned	ed applicant for Building Permit # being the:
	_ General Contractor Owner
	Officer/Agent of the Contractor or Owner
	firm under penalties of perjury that the person(s), firm(s) or corporation(s) performing th 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.
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, on carrying out the work.
Firm Name:	Ram Development
Sign/Title: ()	My A Hours h
Date:	3-12-08

10

Job Name RAM Dev.

Date: 3-13-08

Required Inspections for SFA/SFD

Appl. # 0.8-50019638 Valuation 9144642 Sq. Feet 2217

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
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	Envir. Operations Permit