Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-4759 www.hamett.org

Application for Dullding and Tundy Deposit
Owner's Name: Weller Development CO Fine: Date: 43/00 Address: P.O. Box 53986 Functional Development CO Fine: Phone: 90 630 200 Directions to job site: HWY 27 W TO PINGEN ROL TO ALL TR.
Subdivision: Songer Gade Lot: // Construction Type: (Please Check) New
Moved House Multi-Family Other Description of Proposed Work: Description of Proposed W
Heated SF Crawl Space () Building Construction Cost \$ Unheated SF Siab () Acres Disturbed \$ Stories / Stor
* Property of the state of the
Electrical Permit Information Description of Work Install Electrical Electrical Cost \$ TS Pole: Yes No () Underground () Overheard () Permanent Service: Underground () Overhead () Service Size: 200 Amps SECS Electric 919-718-1156 Electrical Contractor's Company Name Telephone 1206 Pendergraff Rd. Sanford, NC 27330 # 18002-L Address License # Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work Install Heat Pump Number of Units Type System Heat Pump Mechanical Cost \$
Plumbing Permit Information
Description of Work Install Plumbing Number of Baths Plumbing Plumbing Cost \$ H.F. Dorman Plumbing 910-483-7082 Plumbing Contractor's Company Name Telephone 4225 Final Approach Dr. Fayetteville, NC 28312 # 04132 P1 Address J. J. License # Signature of Officer(s) of Corporation
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| Insulation Permit Information | Residential | Other () Not Required () | Tri-City Insulation | 418 Person St. | 910-486-8855 | Insulation Contractor's Company Name | Address Fayetteville, NC Telephone

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

The undersigned	applicant for Building Permit # being the:
	Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby conf performing the w	firm under penalties of perjury that the person(s), firm(s) or corporation(s) ork set forth in the permit:
- Indiana in	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
manhanina ee *** - manhanina manhanina	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.
Permitting Depa compensation in:	n the project for which this permit is sought it is understood that the Central artment issuing the permit may require certificates of coverage of worker's surance prior to issuance of the permit and at any time during the permitted work firm or corporation carrying out the work.
Firm Name: We	aver Development CO., Inc.
By/Title: Dan /	rel 5-Hall (Supervatentent) Ill
Date: 4/3	108

•	Application #	 жика-апанананананананананан 	
	bs must fill out this portion System Information	THE PROPERTY OF THE PROPERTY O	
Sprinkler Contractor's Company Name	Contact & Telephone		
Address	License #	_	
Signature of Officer(s) of Corporation Fire Alarn	n System Information		
Fire Alarm Contractor's Company Name	Contact & Telephone		
Address	License #		
Signature of Officer(s) of Corporation Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No			
		anning a anning data data data da ang ang ang ang ang ang ang ang ang an	
Homeowners Apply Please answer the following questions then see a Permit	ring to Build Their Own Home Technician to determine if you qualify for permit under Ow	ners Exemption.	
Questionnaire per G.S. 87-14 Regulations a	is to Issue of Building Permits (Memo availab	ile upon request)	
1. Do you own the land on which this bu	ilding will be constructed? yes	no	
2. Have you hired or intend to hire an income the project?	dividual to superintend and manage co yes	nstruction of	
3. Do you intend to directly control & sup	pervise construction activities? yes	no	
4. Do you intend to schedule, contract, of	or directly pay for all phases of construc	ction work to	
be done?	yes	no	
5. Do you intend to personally occupy the following completion of construction and creates the presumption under law that y	do you understand that if you do not do		
	yes	no	
Sign & date	and the state of t		

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

Plan Box Number AA-8

Job Name WEAVER

Date: 4 - 7 - 08

Required Inspections for SFA/SFD

Appl. # 08 500 19809 Valuation \$ 163,468 Sq. Feet 2,516

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