Application #

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
Telephone Number 910-893-7525 www.hamett.org
Application for Building and Trade Permit

Owner's Name: hum tout f	1500 In Date: 4/2/18
Address: PO BOX 42535 FAYETTEVILLE	110,00000
Directions to job site from Lillington:	
to Presimon HIII eie	
Subdivision: Perimon	Wall and the same of the same
Camping the me	
✓ New Moved House	Building Use: (Please Check) Residential Commercial
Renovation Addition Other	ModularMulti-Family
Total Project Cost: 154600 escription of Pro	oposed Work: 186 anstruck
Heated SF2876 Crawl Space &	ontractor information
	Building Construction Cost \$\(\frac{3}{6000} \) (cres Disturbed \(\frac{46}{2600} \) Stories \(\frac{2}{2000} \)
WM KENT PIERCE INC	910-424-1294
Building Contractor's Company Name	Telephone
PO BOX 42535 FAYETTEVILLE NC 28309 Address	
Address	License#
Signature of Owner/Contractor/Officer(s) of Corpor	STOP as Must olan hands of faces I wondered
Electrical	Permit Information
TS Pole: Yes () No () Underground () O	Electrical Cost \$ 590500
Permanent Service: Underground (Overhead	() Service Size: ZOT Amps
JRN ELECTRIC	910-424-0264
Electrical Contractor's Company Name	Telephone
2753 LAKE UPCHURCH DR PARKTON NC 28371 Address	
Audiesa (License #
Signature of Officer(s) of Corporation	
Mechanical	Permit Information
Number of Units Type System /2	MIT Washening Cont C / 10 5 41
JONES & JONES HEATING AND AIR	910-424-7702
Mechanical Contractor's Company Name	Telephone
5217 MARRACCO DRIVE HOPE MILLS NC 28348	
Address	License #
Signature of Officer(s) of Porporation	
Plumbina 6	Permit Information
Description of Work Number of Baths	ult-
LARRY LEE PLUMBING	Plumbing Cost \$ 6075,00
Plumbing Contractor's Company Name	910-424-1766 Telephone
6417 BAROUR LAKE RD FAYETTEVILLE NC 2830	
Address	License #
Signature of Officer(s) of Corporation	
Insulation Permit Information Pe	
The state of the s	esidential (Other () Not Required ()
CUMBERLAND INSULATION FAYETTEVILLE NO Insulation Contractor's Company Name & Address	esidential () Other () Not Required () 910-484-7118

	Application #
Commercial Jobs Sprinkler S	s must fill out this portion system information
Sprinkler Contractor's Company Name	Contact & Telephone
Address	License #
Signature of Officer's) of Corporation Fire Alarm S	ivstem Information
Fire Alarm Contractor's Company Name	Contact & Telephone
Address Signature of Office (1)	License #
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Transp	portation Driveway Access/Permit? Yes No
Homeowners Applying	to Build Their Own Home
r least answer the rollowing oceanons then see a Permit Techn	o Issue of Building Permis (Memp available upon request)
1. Do you own the land on which this building	ng will/be constructed? yes no
2. Have you hired or intend to hire an individual the project?	dual to superintend and manage construction of
8. Do you intend to directly control & supervi	
	rectly pay for all phases of construction work to
5. Do you intend to personally occupy the but following completion of construction and do you preates the presumption under law that you to	diding for all 1 1 10
creates the presumption under law that you fr	addulently secured the permit?
Şign & date	
1	

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 S

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

The undersign	ed applicant for Bullding Permit # being the:
	_ General Contractor _ Owner
	Officer/Agent of the Contractor or Owner
Do hereby con the work set for	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.
4	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.
insurance prior	in the project for which this permit is sought it is understood that the Central Permitting tuing 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:	WM KENT PIERCE INC
Sign/Title:	M. Man - Propal
Date:	4/7/18

Plan Box Number_	AA-8
_	. –
,	

Job Name PERCE

Date: 8-4-08

Required Inspections for SFA/SFD

Appl. # 085 8 0 19 8 2 6
Valuation 19 4, 914
Sq. Feet 3000 Sq. Feet 3

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
50	One Trade Final > 2500
999	Envir. Operations Permit
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