\* 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.

## Application # 08.500 199.95

Harnett County Central Permitting PO Box 65 Lillington, NC 27548 Telephone Number 910-893-7525 www.harnett.org

App içation for Building and Trade Permit Coats Mitchell Date: Owner's Name: 421 Directions to job site from Lillington Lot: Subdivision: Construction Type: (Please Check

X New \_\_\_ Moved House Building Use: (Please Check) x Residential Commercial Multi-Family Modular Renovation Addition Other **Building Permit Information** Heated SF 1/23Crawl Space (X 72, 000 <u>00</u> **Building Construction Cost \$** Slab () Stories Acres Disturbed Upheated SF Brian Johnson Telephone Building Contractor's Company Name
635 Chiscology Rd Hngier 41348 License # Address Signature of Officer(s) of Corporation Electrical Permit Information い りょうと Electrical C 2800 \_Electrical Cost \$ Description of Work Dug New TS Pole: Yes (X) No () Underground () Overhead ()

Permanent Service: Underground X Overhead ()

Let Ray Clectel (9 Cout)

Electrical Contractor's Company Name

8037 Kennetic Rd Willow Springs NC Overheard 💢 Amps Service Size: Telephone License # Address Signature of Officer(s) of Corporation Mechanical Permit Information Heat + Air Nan Description of Work \_ House IN \_ை Mechanical Cost \$ Tipe System 4400 Number of Units \_ ਮੀਣਕਰ & Air Cond Mechanical Contractor's Company Vame 1539 Wade Stephenson RC エごみ 7 O.S Telephone 265S O<sub>License</sub> # Address Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work Plumb peur House Plumbing Cost \$ 4200 Number of Baths \_ 0195 <u>ک</u> 639 Plumbing Plumbing Contractor's Company Name Telephone 1408 License # N Signature of Office (s) of Corporation

Insulation Permit Information

Residential (/ Other () Not Recuired ()

Insulation Contractor's Company Name

Address

Telephone

Page 1 of 3

8/06

í	Application #	
Sprinkler System Information		
Sprinkler Contractor's Company Name	Telephone	
Contact Person		
Address	License #	
Signature of Officer(s) of Corporation  Fire Alarm Sys	stem Information	
Fire Alarm Contractor's Company Name	Telephone	
Contact Person		
Address	License #	
Signature of Officer(s) of Corporation  Drivews	ny Access	
NC Department of Transportation Driveway Access/	/Permit? Yes No 🗡	
I hereby certify that I have the authority to make correct and that the construction will conform to Plumbing and Mechanical codes, and the Harn information on the above contractors is correct including listed contractors, site plan, building an changes or proposed use changes, I certify it is recentral Permitting Division of any and all changes.  Signature of Owner/Contractor/Officer(s) of Corpora	the regulations in the Building, Electrical, ett County Zonin; Ordinance. I state the as known to me and if any changes occur nd trade plans, Environmental Health permit my responsibility to notify the Harnett County	

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Application	#

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

The undersigned a	applicant for Building Permit # 68 500 1995 being the:
	contractor
	Owner (A contractor or Owner)
	officer/Agent of the Contractor or Owner
Do hereby confir performing the wo	m under penalties of perjury that the person(s), firm(s) or corporation(s) rk set forth 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' compens ation insurance covering themselves.
	Has/have not mor∋ than two (2) employees and no subcontractors.
Permitting Department	the project for which this permit is sought it is understood that the Central tment issuing the permit may require certificates of coverage of worker's urance prior to issuance of the permit and at any time during the permitted work firm or corporation carrying out the work.
<b></b>	Brigg Johnson Builders Inc
Firm Name:	2 1 1 1 2 1 1
Sign/Title:	Bry fresht
Date:	6-2-08

Plan Box Number	<b>I</b> -	2
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Job Name RAD JOHNSON "

Date: 6-6-8

Required Inspections for SFA/SFD

Appl. # 6850019995Valuation # 72.963Sq. Feet 1123

## 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	
40	R*Plumb. Under Slab
40	Four Trade Rough In
10	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
50	One Trade Rough In > 2500
60	R* Insulation
	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