application # 08-500-20092

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

Application for Building and Trade	
Owner's Name: H&H Constructors, Inc.	
Address: 2919 Breezewood Ave., Ste. 400 Fayetteville, NC 28303	Phone: <u>910-486-4864</u>
Directions to job site:	
Subdivision: FOREST OAKS Lot: 197	
Type Construction: (Please Check)	Building Use: (Please Check)
New (x) Renovation () Addition ()	Residential (x) Modular ()
Moved House () Other ()	Commercial () Multi-Family ()
Description of Proposed Work:	(
Total Project Cost:	
•	
Building Permit Information	
Heater 1862 Crawl Space () Building Constr	uction Cost \$//0, 10 · · ·
Heated 1862 Crawl Space () Building Constructions of the Heated 589 Slab () Acres Disturbed 0.5 H&H CONSTRUCTORS, INC. 2919 BREEZEWOOD AVE., STEA	348 Stories 2
H&H CONSTRUCTORS, INC. 2919 BREEZEWOOD AVE., SIE.	TUU FAIEIIEVILLE, NC 20303
Building Contractor's Company Name	Address
D. Palph Herse Tit (1) 31554 il	910-486-4864
Signature of Officer(s) of Corporation License #	Telephone
Electrical Permit Information	
Description of WorkElectrical Cost	\$
TS Pole: Ves () No () Underground () Overhead ()	
Permanent Service: Underground () Overhead () Service Size:	Amps
TEN Electric Corp. 910.487	5000
TENElectric Corp. Electrical Contractor's Company Name Pleophone 10.487	
4341 Swindon Dr., Fay, NC 28312	25333 U
	License #
Address	2 ,33,13,2,13
Elle I	
Signature of Officer(s) of Corporation Mechanical Permit Information	
- Single	
Turne Contains	anical Cost \$
Cooper Mechanical Contractors, Trc. Mechanical Contractor's Company Name Teleph	·176·1531
Mechanical Contractor's Company Name Teleph	
Mechanical Contractor's Company Name	02680
P.O. Box 1068, Sanford, NC 27331-1068	License #
Address	Electrice ii
Crown Crawn	
Signature of Officer(s) of Corporation	
Plumbing Permit Information	
Description of Work Plumbing Cost	\$
	·426·5272
Plumbing Contractor's Company Name Teleph	one
3511 Farm Circle Rd, Fay, NC 28306	<i>18793</i>
Address	License #
Signature of Officer(s) of Corporation	
Insulation Permit Information Residential () Other	() Not Required ()
Tri City Insulation-418 Person St. Fay, NC	28301 910-486 8853
Insulation Contractor's Company Name & Address	Telephone
Insulation Collifordia Company Traine at the contract of the c	

Sprinkler Syst	tem Information
Sprinkler Contractor's Company Name	Address
Contact Person	Felephone
License Number	
Fire Alarm Sys	tem Information
Alarm Contractor's Company Name	Address
Contact Person	Contact Person's Signature
License Number	Telephone
<u>Drivewa</u>	y Access
NC Department of Transportation Driveway Access/P	Permit? Yes No
I hereby certify that I have the authority to make necess that the construction will conform to the regulations in codes, and the Harnett County Zoning Ordinance. I st correct as known to me and if any changes occur in the notify the Harnett County Inspections Division of any Signature of Owner/Contractor/Officer(s) of Corporati	the Building, Electrical, Plumbing and Mechanical ate the information on the above contractors is above contractors I certify it is my responsibility to changes. (04208

Application	#
11	

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

i ne undersigne	ed applicant for Building Permit #	being the:
_X	General Contractor Owner Officer/Agent of the Contractor or Owner	
	nfirm under penalties of perjury that the person(s rth in the permit:), firm(s) or corporation(s) performing
<u>X</u>	Has/have three (3) or more employees and has compensation insurance to cover them.	s/have obtained workers/
	Has/have one (1) or more subcontractors(s) an compensation insurance to cover them.	d has/have obtained workers'
	Has/have one (1) or more subcontractors(s) wh workers' compensation insurance covering ther	
X	_ 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 a suing the permit may require certificates of o to issuance of the permit and at any time during ion carrying out the work.	coverage of worker's compensation
Firm Name:7	Ht H Constructors, Inc.	
Sign/Title:	Raph Huff, III Preside	nt-Owner
Date:	(0-17-08	

Plan Box Number <u>-5</u>

Job Name H. & H.

Date: 6 - 18 - 08

Required Inspections for SFA/SFD

Appl. # 0850020092Valuation # 152, 423Sq. Feet 2346

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
10	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
50	Two Trade Final > 2500
50	One Trade Final
50	One Trade Final > 2500
99	
	Envir. Operations Permit