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

App#08.50020094

Application for Building and Trade Permit Owner's Name: H&H Constructors, Inc. Date:	21.09
Address 2010 Programme 3 4	101
Directions to job site: Phone: 910-4	<u> 30-4804</u>
Subdivision: FOREST OAKS Lot: 202	
Type Construction: (Please Check) Building Use:	(Please Charle)
New (x) Renovation () Addition () Residential (-	Modules A
Moved House () Other () Commercial C	Multi-Family ()
Description of Proposed Work:	Mun-Family ()
Total Project Cost:	
	
Building Permit Information	- 20
Heated 100% Crawl Space (Building Construction Cost & 9	8.7b2 ^{ss}
Unheated 55 Slab () Acres Disturbed () 846 Stories	7-2
H&H CONSTRUCTORS, INC. 2919 RREEZEWOOD AVE STE 400 FAVE TEXT	LE, NC 28303
Address	
31554 il 910-486	-4864
Signature of Officer(s) of Corporation License # Teleph	one
7075	
Description of Work Electrical Permit Information Electrical Cost S	
TS Pole: Yes () No () Underground () Overheard ()	
Permanent Service: Tindeparent A Overhead A Coming City	
Permanent Service: Underground () Overhead () Service Size:	Amps (C 37C)
Electrical Contractor's Company Name Address Address	00+5 AL 27521
1-19-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-	394 7181 ₀
Signature of Officer (s) of Corporation License # Telephone	.,
Mochanical Demots I. S	
Description of Work	
Number of Units Type System Mechanical Cost \$	
Coasta Carolina Heating + Ala 110 alo 505 200	
Mechanical Contractorio Contrac	
	
1-0-Dex 186, Authoritle, NC 28318 2310	X H-3-1
Licen	se #
Micha Maut	
Signature of Officer(s) of Corporation	
Plumbing Darmit Information	
Description of Work Number of Roths District	
VANCE JOHNSON PLIMBING 2242 MID PRINT DE PRINTING COST \$	
Plumbing Contractor's Company Name	C 28306
MILLIAM HIMA V 7756 DI	
Signature of Officer(s) Af Commission	
Telephone	•

Application #		
Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)		
Do you own the land on which this building will be constructed? yes no		
Have you hired or intend to hire an individual to superintend and manage construction of the project? yes no		
3. Do you intend to directly control & supervise construction activities? yes no		
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be yes no		
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		
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 <u>any</u> changes occur including listed contractors, site plan, number of bedrooms, 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		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor Owner Officer/Agent of the Contractor or Owner		
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:		
Has three (3) or more employees and has obtained workers compensation insurance to cover them.		
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.		
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.		
Has no more than two (2) employees and no subcontractors.		
While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation instrumce prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.		
Company or Name:		

Date:

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Sprinkler System Information	
Sprinkler Contractor's Company Name	Address
Contact Person	Telephone
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	ermit? 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.

Plan Box Number H-4

Job Name FOREST OBKS

Date: 1-29-09

Required Inspections for SFA/SFD

Appl. # 08 500 20 094 Valuation \$138,389 Sq. Feet 2130

Sequence

	* 9
10 10-30 20 20 30-999 30-999 30-999 30-999	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab
40	Four Trade Rough In
10	Four Trade Rough In> 2500
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
50	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
999	One Trade Final > 2500
	Envir. Operations Permit
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