

* Each section below to be filled out by whoever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 20133

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

Owner's Name: S & D Home Builders LLC Date: 5/22/08

Address: CRYSTAL SPRINGS DR. Phone: (919) 669-6329

Directions to job site from Lillington: HWY 27 WEST TURN LEFT ON
BUFFALO LAKES RD. LEFT INTO CRESTVIEW, FIRST LEFT, THEN FIRST RIGHT THIS
WILL BE STREET. LOT ON RIGHT

Subdivision: CRESTVIEW (OLDER PHASE) Lot: 186

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: 150,000 Description of Proposed Work: Spec. Home

General Contractor Information

Heated SF 2554 Crawl Space () Building Construction Cost \$ 145,000
Unheated SF 535 Slab () Acres Disturbed 0 Stories 2

S & D Home Builders LLC (919) 669-6327
Building Contractor's Company Name Telephone

149 COLT AVE COATS NC 27521 59549
Address License #

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information

Description of Work Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()

Permanent Service: Underground () Overhead () Service Size: 200 Amps
Wires & Panel Upgrade, Etc 919 489 3996

Electrical Contractor's Company Name Telephone
546 Leesville Road, Sanford, NC 27582 12007-4

Address License #
[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work Mechanical Cost \$ _____
Number of Units 2 Type System Heat Pump

Jackson's H/E & H/C, Inc. 910-891-5410 919-669-0186
Mechanical Contractor's Company Name Telephone

PO Box 87 Benson, N.C. 27504 23670
Address License #
[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Plumbing Cost \$ _____
Number of Baths 2 1/2

L.L. Brown Plumbing, Inc 919-820-0026
Plumbing Contractor's Company Name Telephone

P.O. Box 764 Benson, NC 27504 07958
Address License #

[Signature]
Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

BLOOMRITE INSULATION 3737 CLINTON RD (910) 483-8191
Insulation Contractor's Company Name & Address Telephone

**Commercial Jobs must fill out this portion
Sprinkler System Information**

Sprinkler Contractor's Company Name

Contact & Telephone

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm 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

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)

1. Do you own the land on which this building will be constructed? ___ yes ___ no
2. 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 done? ___ 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

Sign & date

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

5/22/08
Date

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

NORTH CAROLINA FARM BUREAU Information Page NONASSESSABLE POLICY WC 00 00 01A (2/90)

MUTUAL INSURANCE COMPANY
PO BOX 27427, RALEIGH, NORTH CAROLINA, 27611-7427

NCCI COMPANY NO. **17531**

Policy Number **WC 0232227**

Prior Policy Number **WC 0232227**

Item 1. INSURED. The Insured and Mailing Address

MEMBERSHIP NO.
1568309

S & D HOMEBUILDERS LLC
149 COLT AVE
COATS, NC 27521-9586

Individual Partnership Corporation Other: LLC

Other workplaces not shown above: _____ Employer ID No. **21646590**

Item 2. POLICY PERIOD.

The policy period is from **07/05/2007** to **07/05/2008** 12:01 A.M. Standard time at the Insured's Mailing Address

Item 3. COVERAGE.

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: **NORTH CAROLINA**

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A.
The limits of our liability under Part Two are:

Bodily Injury by Accident	Bodily Injury by Disease	Bodily Injury by Disease
\$ 100,000 each accident	\$ 500,000 policy limit	\$ 100,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: **NONE**

D. This policy includes these endorsements and schedules:

SEE SCHEDULE ATTACHED

Item 4. PREMIUM. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
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SEE ATTACHED EXTENSION OF INFORMATION PAGE

Minimum Premium \$ 850	Deposit Premium \$ 852	Total Estimated Premium \$ 852
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0433938
Agency No.

ASHLEY GILLIAM
Agent Name

07/19/2007
Countersignature Date

L. M. Squires
L. M. SQUIRES
Authorized Representative

License Year

2008

License No.

59549

North Carolina

Licensing Board for General Contractors

This is to Certify That:

S & D Homebuilders, LLC
Coats, NC

is duly registered and entitled to practice

General Contracting

Limitation: Limited
Classification: Residential

until

December 31, 2008

when this Certificate expires.

Witness our hands and seal of the Board.

Dated, Raleigh, N.C.

January 30, 2008

This certificate may not be altered.



Carl Wesley
Chairman

M.D. [Signature]
Secretary-Treasurer