* 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

Application #

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

Telephone Number 910-893-7525 www.hamett.org
Application for Building and Trade Permit

Application for Bundin	
Owner's Name: 53 D Home Build	ers (CC Date: 3/20/08
Address:	Phone:(9/9) 669-632
Directions to job site from Lillington: 120	~ TORUN Right
on Hover Ross, Subvivis	on loft
Subdivision: <u>Persimanon Hill</u>	Lot:
	<u>Use</u> : (Please Check) dential Commercial ular Multi-Family
Total Project Cost: 140 000 Description of Proposed	Work: SPEC.
Heated SF 2 180 Crawl Space () Unheated SF 570 Slab () S 3 D 6000 Swilding Contractor's Company Name General Contract Building Contractor's Company Name	Construction Cost \$ 135,000 Disturbed 6 Stories 2 Telephone
Address Address	<u>\$C 2 252/ \$7549</u> License #
Signature of Owner/Contractor/Officer(s) of Corporation	
Description of Work	Minimision Electrical Cost \$
Permanent Service: Underground () Charles of Pace Blade Total Electrical Contractor's Company Name SUC Las I a fact to the Company Name Address Signature of Officer(s) of Corporation	Service State: <u>805</u> Amps 919 424 3944 Telephone 1207-4 License #
Mechanical Perm	It Information
Description of Work	Firm Mechanical Cost \$
teckson ATE + BIL Tac.	10-291-5410 417-669-0186
Mechanical Contractor's Company Name	73 6 70
Address 10 A	License #
Signature of Efficer(s) of Corporation	
Plumbing Permit	<u>Information</u>
tumber of Baths	Plumbing Cost \$
Pumbing Contractor's Company Nario	719-820-003-6 Telephone 6
P.O. BOX 76 4 KINSON, MC 27504	07958
Signature of Officer(s) of Corporation	
	•

Insulation Permit Information Residential (*) Other () Not Required () 910) 483-819/ Telephone Insulation Contractor's Company Name & Address

Sprinkler Contractor's Company Name Contact & Felephone							
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 <u>Driveway Access</u> - NC Department of Transportation Driveway Access Permit? Yes	-						
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	f						
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 Date							

Page 2 of 3

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY NORTH CAROLINA FARM BUREAU Information Page **NONASSESSABLE POLICY** WC 00 00 01A (2/90) MUTUAL INSURANCE COMPANY NCCI COMPANY NO. | 17531 PO BOX 27427, RALEIGH, NORTH CAROLINA, 27611-7427 Policy Number **Prior Policy Number** 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 X 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. Premium Basis Rate Per Çode Classifications Total Estimated Annual Remuneration **Estimated Annual** \$100 of Premium Remuneration

SEE ATTACHED EXTENSION OF INFORMATION PAGE

Minimum Premium \$ 850)	Deposit Premium \$ 85	52	Total Estimated Premium \$ 852	
0433938 Agency No.	ASHLEY GILLIAM Agent Name	·	07/19/2007 Countersignatur	e Date Authorized Repr	GUUZ

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2008

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59549

North Carolina

Tirensing 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

unfil

December 31, 2008

when this Certificate expires. Witness our hands and seal of the Goard. Taled, Kaleigh, N.C.

January 30, 2008 This certificate may not be aftered.

MORTH CAROLINA

Chairman Chairman

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Job Name $S \vdash D$ Plan Box Number Required Inspections for SFA/SFD Appl. # 0850020134 Valuation 198553 Sq. Feet Sequence 2480 10 R* Bldg. Footing 576 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 Three Trade Final > 2500 Two Trade Final Two Trade Final > 2500 One Trade Final

One Trade Final > 2500

Envir. Operations Permit