' Fach section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on

Telephone

Application #
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org
Application for Building and Trades Page 19

Owner's Name: Constitution of building and Trades Permit
Owner's Name: Raw Development Date: 5-22-05 Site Address: 621 Caroling Oaks Cit Phone:
Directions to job site from Little State 1 Class Company
Will Lucus Rd Sub-ON right
Subdivision: Carolina Oaks
Construction Type: (Please Check)
Construction Type: (Please Check) New Moved House Renovation Addition Otto: Construction Type: (Please Check) Residential Commercial
Renovation Addition Other Modular Multi-Family
Total Project Cost: Description of Proposed Work: New Construction
Heated SF 1/2 Unheated SF 52 / Finished Res Board AVA
General Contractor Information Building Cost \$ Crawl Space () Slab (
EIKRIACEAL SOUTH VIEW 7117-323-4301 Building Contractor's Company Name Telephone 100-4 Drad Prod Auc Tayr Heville WC 2630/ 3696/0
1004 200 de la vive de 11/2 11/2 26 30/
Signature of Owner/Contractor/Officer(s) of Corporation A Flectrical Populit Information
Description of Work Electrical Permit Information Elec Cost \$ Service Size: 200 Amps #TPoles]
トー・トラフト リング・ス・スト スタイン・アー・アー・アー・アー・アー・アー・アー・アー・アー・アー・アー・アー・アー・
Electrical Contractor's Company Name Telephone
Address Telephone Telephone Solon Kon Laga Mella M. 28348 578/CC
License #
Signature of Officer(s) of Corporation
Mechanical Permit Information Mech Cost \$
Description of Work #Units# Units
Mechapical Contractor's Company Name Contractor's Company Name Telephone
anghair
Addition No. 2827 - 28330 License #
- Land
Signature of Officer(s) or Corporation
Description of Work Plumbing Permit Information Plumb Cost \$ Description of Work
Egitis Tonics Pluits
Plumbing Contractor's Company Name Telephone
3242 MID PINEDETUL NC28306 7756 PI
Address License #
Signature of Officer(s) of Corporation
Insulation Permit Information
BIDWN-Rite Insulation Co 463 C/9/
Insulation Contractor's Company Name & Address Telephone

	Application #	
	l Jobs must fill out this portion kler System information	
Sprinkler Contractor's Company Name	Contact & Telephone	
Address	License #	
Signature of Officer(s) of Corporation Fire A	larm 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	f Transportation Driveway Access/Permit? Yes	No
Homeowners Ap Please answer the following questions then see a Per	plying to Build Their Own Home mit Technician to determine if you qualify for permit under Ow	vners Exemption.
Questionnaire per G.S. 87-14 Regulation	s as to Issue of Building Permits (Memo availab	ole 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 the project?	individual to superintend and manage co	nstruction of
3. Do you intend to directly control & s	supervise construction activities? yes	no
4. Do you intend to schedule, contrac be done?	t, or directly pay for all phases of construc	ction work to
following completion of construction ar	the building for at least 12 consecutive need do you understand that if you do not do to you fraudulently secured the permit?	nonths o so, it
· ·	yes	no
Sign & date	· ·	
and that the construction will conform to the Mechanical codes, and the Harnett County 2 contractors is correct as known to me and if a building and trade plans, Environmental Health	ake necessary application, that the application is ne regulations in the Building, Electrical, Plumb Zoning Ordinance. I state the information on the any changes occur including listed contractors, so the permit changes or proposed use changes, I central Permitting Department of any and all chains.	ing and e above ite plan, rtify it is

Signature of Owner/Contractor/Officer(s) of Corporation

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

The undersigned	ed applicant for Building Permit # being the:
	General Contractor Owner
	Officer/Agent of the Contractor or Owner
	firm under penalties of perjury that the person(s), firm(s) or corporation(s) performing th 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' compensation insurance covering themselves.
	_ Has/have not more than two (2) employees and no subcontractors.
Department issinsurance prior	on the project for which this permit is sought it is understood that the Central Permitting suing the permit may require certificates of coverage of worker's compensation to issuance of the permit and at any time during the permitted work from any person, ion carrying out the work.
Firm Name:	an Development
Sign/Title:	Velu Macel Owner
Date: 5-	2208

Plan Box Number	MAID
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Job Name Ram Dui

Date: 5-23-01

Required Inspections for SFA/SFD

Appl. # 08 - 300 20146 Valuation \$146121Sq. Feet 2249

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 60 Two Trade Final > 2500 60 One Trade Final 60 One Trade Final > 2500 999 **Envir. Operations Permit**

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