11/15/2005 11:13 9108932 " tach section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application #_

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

Owner's Name: P.S. Hana Bu	Iday 116	Date = /20 /a a
Address: PO BOX 42535 FAYETTEVILL	E NC 28309	Date: <u>5/2///8</u> Phone: <u>910-424-1294</u>
Directions to job site from Lillington	$\alpha - \lambda = \lambda^{-}$	_Friorie: 910-424-1294
1st out a Apploton how	Jot on	
	1/84	Lot: 4
Construction Type: (Please Check)	Building Use: (Please C	
New Moved House	✓ Residential	Commercial
Renovation Addition Other	Modular	Multi-Family
Total Project Cost: 157500 Description of F	Proposed Work: ARL	contract
General Service Control of General Services	Contractor Information	
	Acres Disturbed	ost \$
WM KENT PIERCE INC		
Building Contractor's Company Name	<u>910-424</u> Telephone	-1294
PO BOX 42535 FAYETTEVILLE NC 28309	, 515p. (6)(6	22722
Address		
Ille Ville		
Signature of Owner/Contractor/Officer(s) of Corp	Oration — Must sign back of fo	om & workers comp
Description of Work Now Construction	I Permit Information	_
TS Pole: Yes (X) No () Underground (A)	Overheard ()	4980.00
Permanent Service: Underground (V) Overhead	ad () Service Size;	200 Amps
JRN ELECTRIC .	910-424-	
Electrical Contractor's Company Name	Telephone	<u> </u>
2753 LAKE UPCHURCH DR PARKTON NC 283	71	09132
Address		License #
Siffer of diff		
Signature of Øfficer(s) of Corporation Mechanic	al Permit Information	
Description of Work	us I	
Number of Units Z Type System	Bot puny Mechani	cal Cost \$ 600 500
JONES & JONES HEATING AND AIR	910-424-	
Mechanical Contractor's Company Name	Telephon	e
5217 MARRACCO DRIVE HOPE MILLS NC 2834 Address	18	11614
all 14.		License #
Signature of Officer(s) of Corporation		
	Permit Information	
Description of Work	w/-	
Number of Baths 2/2	Plumbing Cost \$_	4150,00
LARRY LEE PLUMBING Plumbing Contractor's Company Name	<u>910-424-1</u>	
	Telephone	9
6417 BAROUR LAKE RD FAYETTEVILLE NC 28		
Address	306	<u>05274</u>
Address	306	05274 License #
Address January July	306	
Address Signature of Officer(s) of Corporation Insulation Permit Information	_	License #
Address Signature of Officer(s) of Corporation	Residential (*) Other ()	License #

		Application #_	
	Commercial J Sprinkle	obs must fill out this portion or System Information	
Sprinkler Contractor's	Company Name	Contact & Telephone	
Address		License #	
Signature of Officer(s)	<u>Fire Alam</u>	m System Information	
Fire Alarm Contractor's Address	Company Name	Contact & Telephone	
Signature of Officer(s)	of Corporation	License #	
Driveway Acc	838 - NC Department of Tra	ansportation Driveway Access/Permi	Yes No
	Homeowners Apply	Ing to Build Their Own Ho	me
	is direations rueu see 9 Settill 1	achnician to determine if you qualify for p	ermit under Owners Exemption.
, ,		s to Issue of Building Permits (
1 1	1	ding will be constructed	
2. Have you hired of the project?	r intend to hire an ind	vidual to superintend and m	nanage construction of yes no
f i	i 1 1	ervise construction activities	1
		directly pay for all phases o	ves nb
innawing dolubletibli	or construction and d	building for at least 12 cons o you understand that if you	do pot do po #
proates the presump	lion under law that yo	u fraudulently secured the p	ermit? \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 <u>any</u> 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 5/27/08

Application #____

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

The undersign	ned applicant for Building Permit #	being the:
	General Contractor Owner Officer/Agent of the Contractor or Owner	
Do hereby con the work set fo	nfirm under penalties of perjury that the poorth in the permit;	erson(s), firm(s) or corporation(s) performing
	Has/have three (3) or more employees a compensation insurance to cover them.	and has/have obtained workers'
<u> </u>	Has/have one (1) or more subcontractor compensation insurance to cover them.	s(s) and has/have obtained workers'
<u> </u>	Has/have one (1) or more subcontractor workers' compensation insurance coveri	s(s) who has/have their own policy of ng themselves.
	_ Has/have not more than two (2) employe	es and no subcontractors,
insurance prior	oning the bermit may require centicate	nt it is understood that the Central Permitting s of coverage of worker's compensation during the permitted work from any person,
Firm Name:	WM KENT PIERCE INC	
Sign/Title:	In Mour - F	Cos, de
Date:	5/27/08	

Plan Box Number AA -3

Job Name PIERCE

Date: 5-39-08

Required Inspections for SFA/SFD

Sq. Feet_

Sequence

One Trade Final > 2500 Envir. Operations Permit	One Trade Final		10 10-30 20 20 30-999 30-999 30-999 30-999 40 40 40 40 40 40 40 50 60 60 60 60 60	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 Four Trade Rough In Four Trade Rough In Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Rough In One Trade Final Four Trade Final Three Trade Final Three Trade Final Three Trade Final Three Trade Final
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