

Application for Building and Trade Permit

Owner's Name: Michael Anderson Homes, Inc. Date: 6-3-08
Address: 180 Woodland Ridge Drive, Fuquay-Varina, NC Phone: (919) 552-1790
Directions to job site: 401 N - subdivision is on right before Kipling
From 401 - turn right on Mill Branch Circle - left onto Robert Branch Circle

Subdivision: Mill Branch Lot: 15
Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other
Description of Proposed Work: New single family home
Total Project Cost: \$175,000

Building Permit Information

Heated SF 1950 Crawl Space
Unheated SF 698 Slab () Building Construction Cost \$ 175,000
Acres Disturbed 1/2 Stories 1 with bonus room
Michael Anderson Homes, Inc. Telephone (919) 552-1790
Building Contractor's Company Name
180 Woodland Ridge Drive, Fuquay-Varina, NC License # 50512
Address 27526
Michael Anderson
Signature of Officer(s) of Corporation

Electrical Permit Information

Description of Work New Homes Electrical Cost \$ _____
TS Pole: Yes No () Underground Overhead ()
Permanent Service: Underground Overhead () Service Size: 200 Amps
919.552-5858
Electrical Contractor's Company Name Telephone
ALVIN NEAL SLABE ELECT SERVICE License # 19526-4
Address 700 ALLANBROOKE LANE Fuquay Varina, NC
Signature of Officer(s) of Corporation 27526
Alvin Neal Slabe

Mechanical Permit Information

Description of Work new homes
Number of Units 1 Type System electric heat pump Mechanical Cost \$ _____
Jernigan's Heating + Cooling Telephone (910) 897-5217
Mechanical Contractor's Company Name
22 Hickory Tree Lane, Angier, NC 27501 License # 19342
Address
St. J.
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work new residential plumbing
Number of Baths 2 Plumbing Cost \$ _____
Griffin and Son Plumbing Telephone (910) 893-2569
Plumbing Contractor's Company Name
P.O. Box 232, Buies Creek, NC 27506 License # 15696
Address
Frankie Griffin
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential Other () Not Required ()
Insulating Inc. - license - 11972 Address 1212 Home Ct., Raleigh, NC Telephone (919) 772-9000
Insulation Contractor's Company Name 27603



Sprinkler System Information

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Driveway Access

NC Department of Transportation Driveway Access/Permit? Yes ___ No ___

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 in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

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

6-3-08
Date

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

The undersigned applicant for Building Permit # _____ being the:

- 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/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.

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 insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name: Michael Anderson Homes, Inc.
By/Title: Michael Anderson, president
Date: 6-3-08

Plan Box Number IS

Job Name Michael Anderson

Date: 6-4-08

Required Inspections for SFA/SFD

Appl. # 08-00020230

Valuation 150929

Sq. Feet 2323

Sequence

- | | | |
|--------|----------|-----------------------------|
| 10 | <u>✓</u> | R* Bldg. Footing |
| 10-30 | | R* Elec. Temp Service Pole |
| 20 | <u>✓</u> | R* Building Foundation |
| 20 | | Address Confirmation |
| 30-999 | <u>✓</u> | Open Floor |
| 30-999 | | R* Bldg. Slab Insp. |
| 30-999 | | R* Elec. Under Slab |
| 30-999 | | R*Plumb. Under Slab |
| 40 | <u>✓</u> | Four Trade Rough In |
| 40 | | Four Trade Rough In > 2500 |
| 40 | | 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 | <u>✓</u> | R* Insulation |
| 60 | <u>✓</u> | 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 |

