

Application for Building and Trade Permit

Owner's Name: BERNARD YOUNG Date: 7-7-08
Address: 3485 JOHNSTON CO RD ANGLE NC 27501 Phone: 919 796 0565
Directions to job site: 421 TO BUIAS CREEK LEFT ON 27 ON THE RIGHT JUST BEFORE YOU GET TO BILL AVERY RD

Subdivision: PENNY LAND Lot: 4

Construction Type: (Please Check) Building Use: (Please Check)

- New
- Renovation
- Addition
- Moved House
- Other
- Residential
- Modular
- Commercial
- Multi-Family

Description of Proposed Work: NEW HOME
Total Project Cost: 7100,000.00

Building Permit Information

Heated SF Crawl Space Building Construction Cost \$ 100,000.00
Unheated SF Slab () Acres Disturbed _____ Stories 1

Y + M properties INC Building Contractor's Company Name Telephone 919 796 0565
3485 JOHNSTON CO RD ANGLE NC 27501 Address Telephone 55253
Bernard Young Signature of Officer(s) of Corporation License #

Electrical Permit Information

Description of Work Electrical Wiring Electrical Cost \$ 2800.00
TS Pole: Yes () No () Underground () Overhead ()

Permanent Service: Underground () Overhead () Service Size: 200 Amps
R. A. Jackson Electric, Inc. Telephone (919) 894-5367

Electrical Contractor's Company Name Telephone _____
9261 Raleigh Rd. Benson, N.C. 27504 Address Telephone 21144-SP-SFD
Robert Allen Jackson Jr Signature of Officer(s) of Corporation License #

Mechanical Permit Information

Description of Work HVAC
Number of Units 1 Type System Heat Pump Mechanical Cost \$ 3800.00

Beadley's Heating & AC Inc. Mechanical Contractor's Company Name Telephone 919-894-4248

57 W.C. Beasley Dr. Coats N.C. 27501 Address Telephone 9497
R. Brent Beasley Signature of Officer(s) of Corporation License #

Plumbing Permit Information

Description of Work Plumb New Home
Number of Baths _____ Plumbing Cost \$ 3000.00

Mike Smith Plumbing Plumbing Contractor's Company Name Telephone 919-639-3117

109 Abilited Ln Angier N.C. Address Telephone 18200
Michael R Smith Signature of Officer(s) of Corporation License #

Insulation Permit Information

Residential () Other () Not Required ()
Insulation One Insulation Contractor's Company Name Telephone 772 9000

Hanner NC Address Telephone

Sprinkler System Information

| | |
|---|------------------|
| <u>Sprinkler Contractor's Company Name</u> | <u>Telephone</u> |
| <u>Contact Person</u> | |
| <u>Address</u> | <u>License #</u> |
| <u>Signature of Officer(s) of Corporation</u> | |

Fire Alarm System Information

| | |
|---|------------------|
| <u>Fire Alarm Contractor's Company Name</u> | <u>Telephone</u> |
| <u>Contact Person</u> | |
| <u>Address</u> | <u>License #</u> |
| <u>Signature of Officer(s) of Corporation</u> | |

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 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 Division of any and all changes.

| | |
|---|---------------|
| <u>Bernard Young</u> | <u>7-7-08</u> |
| Signature of Owner/Contractor/Officer(s) of Corporation | 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: y+m Properties, dnc.

By/Title: President

Date: 7-7-08

Plan Box Number G4

Job Name Y+ MP Properties

Date: 7-2-08

Required Inspections for SFA/SFD

Appl. # 08-50020353
Valuation ~~140041~~ 127734
Sq. Feet ~~1966~~ 1966

Sequence

- 10
- 10-30
- 20
- 20
- 30-999
- 30-999
- 30-999
- 30-999
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 40
- 999

- 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 > 2500
- Three Trade Rough In
- Three Trade Rough In > 2500
- Two Trade Rough In
- Two Trade Rough In > 2500
- One Trade Rough In
- One Trade Rough In > 2500
- R* Insulation
- Four Trade Final
- Four Trade Final > 2500
- Three Trade Final
- Three Trade Final > 2500
- Two Trade Final
- Two Trade Final > 2500
- One Trade Final
- One Trade Final > 2500
- Envir. Operations Permit

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