

* 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 license.

Application #

20834

Harnett County Central Permitting
PO Box 85 Lillington, NC 27548
Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit

Owner's Name: Brian Johnson Builders Inc Date: 7-2-08
Address: 635 Chisenhall Rd Phone: 427 2976
Directions to job site from Lillington: take 210 to Angier T/R on 55 T/R on, McIver St,
take Benson Rd. 4-5 miles lot will be on Right
Subdivision: _____ Lot: 2

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family
Total Project Cost: 100,000 Description of Proposed Work: New House

Building Permit Information

Heated SF 1123 Crawl Space
Unheated SF _____ Slab
Building Construction Cost \$ 70,000
Acres Disturbed .05 Stories 1
Building Contractor's Company Name Brian Johnson Builders Inc Telephone 427 2976
Address 635 Chisenhall Rd Angier License # 41348
Signature of Officer(s) of Corporation Brian Johnson

Electrical Permit Information

Description of Work wire New House Electrical Cost \$ 3800
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead Service Size: 200 Amps
Res Dean Etc Telephone 552 4282
Electrical Contractor's Company Name _____ License # _____
Address 8039 Kennebec Rd Willow Springs
Signature of Officer(s) of Corporation Res Dean

Mechanical Permit Information

Description of Work Heat + Air in New House
Number of Units 2 Time System Heat pump Mechanical Cost \$ 3500
TC's Heating + Air Cond. Service Telephone 552 3053
Mechanical Contractor's Company Name _____ License # _____
Address 1539 Wade Stephenson Rd Holly Springs
Signature of Officer(s) of Corporation Jimmy Carroll

Plumbing Permit Information

Description of Work Plumb New house
Number of Baths 2 Plumbing Cost \$ 4000
w + w Plumbing Co. Inc. Telephone 639 0195
Plumbing Contractor's Company Name _____ License # _____
Address Po Box 1239 Angier NC
Signature of Officer(s) of Corporation Ricky Wall

Insulation Permit Information

Residential Other Not Required
Insulation Contractor's Company Name Insulation Inc Address 1212 Home Ct Raleigh Telephone 772 9000

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 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.



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

Date

8-22-08

**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: Brian Johnson Builders Inc

Sign/Title: Brian Johnson President

Date: 8-22-08

CRAWL

Plan Box Number F-5

Job Name BRIAN JOHNSON

Date: 9-26-08

Required Inspections for SFA/SFD

Appl. # 08500 208 34
Valuation \$ 77,706
Sq. Feet 1196

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
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	✓	R* Insulation
60	✓	Four Trade Final
50		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