App#-08-500-21355

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

Application for Buil	ding and Trade Permit
Owner's Name: <u>H&H Constructors</u> , Inc.	Date: 3.2.09
Address: 2919 Breezewood Ave., Ste. 400 Fayettev	ille, NC 28303 Phone: 910-486-4864
Directions to job site:	
Subdivision: FOREST OAKS	Lot: 193
Type Construction: (Please Check)	
New (x) Renovation () Addition ()	Building Use: (Please Check)
· Moved House () Other ()	Residential (x) Modular ()
Description of Proposed Work:	Commercial () Multi-Family (
Total Project Cost:	
Building Perm	nit Information
Heated 189 Crawl Space O	Building Construction Cost \$ 105,284
Unheated 596 Slab () Acres Di	isturbed 1.1/3 Stories 2
H&H CONSTRUCTORS, INC. 2919 BREEZEWO	OD AVE. STE. 400 FAYETTEVILLE, NC 28303
Building Contractor's Company Name	Address
Marina Timms 315	<u>54</u> L <u>910-486-4864</u>
Signature of Officer(s) of Corporation Licens	se# Telephone
Electrical Perm	nit Information
Description of Work	Flooring I O - + A
TS Pole: Yes () No () Underground () Overhe	
Permanent Service: Underground () Overhead ()	Service Size:Amps
TEN Electric Corp.	910-487-5000
Electrical Contractor's Company Name	Telephone
4341 Swindon Dr., Fay, NC 2831	-
Address	
E0.0. / N X	License #
Signature of Officer(s) of Corporation	
-	- fermation
Description of Work Number of Units	Type System Mechanical Cost S
Carolina Comfort Air Inc. 528 W &	Market St. Smithfield, NC 27517
Mechanical Contractor's Company Name	Address Coll Inf
H-3-I	Address 934-1060
Signature of Officer(s) of Corporation License #	Telephone
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This is a second of the second	
Description of Work Plumbing Permit Number of Bath	<u>Information</u>
Transfer of the second of the	
Plumbing Contractor's Company Name	PINE DR., FAYETTEVILLE, NC 28306
14 22 1 8	Address
6:	910-424-6712
Signature of Officer(s) of Corporation License	# Telephone

Sprinkler Syst	em Information	
Sprinkler Contractor's Company Name	Address	
Contact Person	Telephone	
License Number		
Fire Alarm Sys	tem Information	
Alarm Contractor's Company Name	Address	
Contact Person	Contact Person's Signature	
License Number	Telephone	
<u>Drivews</u>	y Access	
NC Department of Transportation Driveway Access/H	Permit? Yes No	
I hereby certify that I have the authority to make nece that the construction will conform to the regulations is codes, and the Harnett County Zoning Ordinance. Is correct as known to me and if any changes occur in the notify the Harnett County Inspections Division of any	the Building, Electrical, Plumbing and Mechan ate the information on the above contractors is a above contractors I certify it is my responsibile	nical
Signature of Owner/Contractor/Officer(s) of Corporate	3.2.09	



Application #_____

Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)		
Do you own the land on which this building will be constructed? yes no		
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?		
3. Do you intend to directly control & supervise construction activities? yes no		
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? yes no		
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the 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, number of bedrooms, 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.		
manica Turnis 3.2.09		
Signature of Owner/Contractor/Officer(s) of Corporation Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the:		
The undersigned applicant being the:		
The undersigned applicant being the: X General Contractor X Owner X 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		
The undersigned applicant being the: X General Contractor X Owner X 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 three (3) or more employees and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.		
The undersigned applicant being the:		
The undersigned applicant being the:		
The undersigned applicant being the: X General Contractor X Owner A 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 three (3) or more employees and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves. Has no 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.		
The undersigned applicant being the: X General Contractor X Owner X 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 three (3) or more employees and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves. Has no 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		

Plan Box Number A A - 12

Job Name FOREST OAKS

Date: 3 - 5 - 69

Required Inspections for SFA/SFD

Appl. # 0850021355Valuation 4146,900Sq. Feet 2261

Sequence

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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	The E Trade Rough In
40	Three Trade Rough In> 2500
40	Two Trade Rough in 2500
40	Two Trade Pough In 2500
40	Two Trade Rough In> 2500
40	One Trade Rough In
50	One Trade Rough In > 2500 R* Insulation
60	
50	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
	One Trade Final > 2500
999	Envir. Operations Permit