Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-4759 www.harnett.org

Owner's Name: Wower Sulling and Trade Permit Application for Building and Trade Permit Address: 7.0 500 63786 Funettwolle Way 5 Phone 910 630 2000 Directions to job site: 4 N Y 3780 + 4 Agent Balance
Subdivision: Stands Check) Canstruction Type: (Please Check) New Residential Modular Addition Moved House Other Description of Proposed Work: New Construction Total Project Cost: Down Construction Lot: /8 Building Use: (Please Check) Residential Modular Commercial Multi-Family Give the family Total Project Cost: Down Construction Addition Total Project Cost: Down Construction Subdivision: Addition Modular Commercial Multi-Family Multi-Family Multi-Family Modular Commercial Multi-Family Multi-Family Multi-Family Modular Multi-Family Multi-Family Multi-Family Modular Modular Multi-Family Multi-Family Modular Multi-Family Modular Multi-Family Modular Multi-Family Modular Multi-Family Modular Multi-Family Modular Modular Multi-Family Modular Modular Multi-Family Modular Modular Multi-Family Modular Modular Modular Modular Modular Modular Multi-Family Modular M
Heated SF 1319 Crawl Space () Unheated SF 24 Siab () Weaver Development CO., Inc. Building Construction Cost \$ /3/0000 Building Construction Cost \$ /3/0000 Acres Disturbed O1 1/1 Stories / Weaver Development CO., Inc. Building Contractor's Company Name P.O. Box 53786, Fayett Wille, NC 28305 # 26962 Address Signature of Officer(s) of Corporation
Description of Work Install Electrical Electrical Cost \$ TS Pole: Yes No() Underground() Overheard() Permanent Service: Underground() Overhead() Service Size:200Amps SECS Electric
Description of Work Install Heat Pump Number of Units Type System Heat Pump Mechanical Cost \$ 5000 Autro Heat Pump Mechanical Cost \$ 5000 Autro Heat Pump Mechanical Cost \$ 5000 Telephone # 20018 License # Signature of Officer(s) of Corporation
Description of Work Install Plumbing Number of Baths H.F. Dorman Plumbing Plumbing Cost \$
Residential Other () Not Required () Tri-City Insulation Insulation Ontractor's Company Name Insulation Permit Information 418 Person St. 910-486-8855 Address Fayetteville, NC Telephone

Application	#	

	must fill out this portion stem Information		
Sprinkler Contractor's Company Name	Contact & Telephone		-
Address	License #		-
Signature of Officer(s) of Corporation Fire Alarm Sy	stem Information		
Fire Alarm Contractor's Company Name	Contact & Telephone	<u></u>	-
Address	License #		-
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Transp	ortation Driveway Access/Permit?	Yes	No
Homeowners Applying Please answer the following questions then see a Permit Tech	g to Build Their Own Home nician to determine if you qualify for permit ur	nder Owner	rs Exemption.
Questionnaire per G.S. 87-14 Regulations as to	Issue of Building Permits (Memo	available	upon request)
1. Do you own the land on which this buildir	ng will be constructed?	_ yes	no
2. Have you hired or intend to hire an individual the project?	dual to superintend and manag	ge cons _yes	struction of
3. Do you intend to directly control & superv	vise construction activities?	_ yes	no
4. Do you intend to schedule, contract, or dibe done?	irectly pay for all phases of cor	nstruction _ yes	on work to
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
Sign & date		•	
I hereby certify that I have the authority to make new and that the construction will conform to the regular Mechanical codes, and the Harnett County Zoning contractors is correct as known to me and if any chabuilding and trade plans, Environmental Health perm my responsibility to notify the Harnett County Central Signature of Owner/Contractor/Officer(s) of Corporation	lations in the Building, Electrical, In Ordinance. I state the information anges occur including listed contract it changes or proposed use changes Permitting Department of any and a	Plumbing on the a tors, site s, I certif	and above plan, y it is

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
	firm under penalties of perjury that the person(s), firm(s) or corporation(s) or corporation(s) or k 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.
x	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.
Permitting Depa compensation in	on the project for which this permit is sought it is understood that the Central artment issuing the permit may require certificates of coverage of worker's surance prior to issuance of the permit and at any time during the permitted work, firm or corporation carrying out the work.
Firm Name: We	aver Development, CO., Inc.
By/Title:	ulal ttoll - Scott
Dete:	,/at/09

SLAB

Plan Box Number _______3

Job Name_WEAVER

Date: 1-21-09

Required Inspections for SFA/SFD

Appl. # 09500 214 73 Valuation \$125,136 Sq. Feet 1926

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