

21552

**Application for Building and Trade Permit**

Owner's Name: Moss Home Builders & Realty Date: 2-24-09  
Address: Walnut Grove S/A Lot 5 Phone: 910-890-2110  
Directions to job site: \_\_\_\_\_

Subdivision: Walnut Grove Lot: 5  
Type Construction: (Please Check)  
New  Renovation  Addition   
Moved House  Other  S.F.D  
Building Use: (Please Check)  
Residential  Modular   
Commercial  Multi-Family

**Building Permit Information**

Heated  Crawl Space   
Unheated  Slab   
Building Construction Cost \$ \_\_\_\_\_  
Acres Disturbed 1 Stories \_\_\_\_\_  
Building Contractor's Company Name Moss Home Builders & Realty  
W. Almon Address PO Box 577 Lillington NC  
Signature of Officer(s) of Corporation License # 18637 Telephone 910-893-4875

**Electrical Permit Information**

Description of Work Electrical Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes  No  Underground  Overhead   
Permanent Service: Underground  Overhead   
Service Size: \_\_\_\_\_ Amps  
Electrical Contractor's Company Name Pioneer Electric & Maintenance Co., Inc.  
Neill B. Shaw Address 4312 Old US 421 Lillington NC, 27546  
Signature of Officer (s) of Corporation License # 21643 Telephone 910-814-3751

**Insulation Permit Information**

Residential  Other  Not Required   
Insulation Contractor's Company Name TRI City Insulation Address 418 Person St Fay  
910-486-8855 Telephone

**Mechanical Permit Information**

Description of Work HVAC Number of Units \_\_\_\_\_ Type System \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_  
Number of Tons \_\_\_\_\_  
Mechanical Contractor's Company Name Beasley's Hgt & A/c, Inc. Address 57 W.C. Beasley Ln. Coats NC 27521  
R. Brent Beasley License # 9497 Telephone 919-894-4248  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Plumbing Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
Plumbing Contractor's Company Name W.W. Plumbing Co. Address PO Box 1239 Angier  
Rick Wells License # 14087 Telephone 639-0195  
Signature of Officer(s) of Corporation

**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)

- 1. 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?     yes     no
- 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.

W. A. W.  
Signature of Owner/Contractor/Officer(s) of Corporation

2-24-09  
Date

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

The undersigned applicant being the:

General 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 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.

Company or Name: Moss Home Builders & Realty Inc

Sign w/Title: W. A. W. President    Date: 2-24-09

CRAWL

Plan Box Number H-6

Job Name WALNUT GROVE

Date: 2-24-09

Required Inspections for SFA/SFD

Appl. # 0950021552

Valuation \$158,661

Sq. Feet 2442

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