

* 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 # 0950021648

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: CHRISTOPHER W. WEAVER T/A CWW Contractors Date: 4/9/09

Site Address: _____ Phone: 919-796-9286

Directions to job site from Lillington: Z10 TOWARDS ANBIER, LEFT ON HARNETT CENTRAL RD. QUAIL GLEN ON LEFT

Subdivision: QUAIL GLEN Lot: 13

Description of Proposed Work: CONSTRUCT SFD #Bedrooms: 3

Heated SF 2096 Unheated SF 620 Finished Rec Room? YES Crawl Space (w) Slab ()

General Contractor Information

CWW CONTRACTORS 919-796-9286

Building Contractor's Company Name Telephone

172 WINDMERE DR. ANBIER 27501 56674

Address License #

Christopher W. Weaver Must sign & fill out second page

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

Electrical Permit Information

Description of Work _____ Service Size: 200 Amps TPole: yes no

MABRY'S ELECTRICAL SERVICE 919-639-4837

Electrical Contractor's Company Name Telephone

731 MABRY RD. ANBIER NC 27501 15077-U

Address License #

Robert Mabry

Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work _____

HVAC SPECIALIST INC. 919-552-9549

Mechanical Contractor's Company Name Telephone

5843 COKEBURY RD. F.V. NC 27526 22035

Address License #

T.R. Vaden

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ # Baths 2

TOMMY ALLEN PLUMBING 919-552-6902

Plumbing Contractor's Company Name Telephone

1116 KENNEBEC RD. W. HAW SPRING NC. 9268

Address License #

Tommy E. Allen

Signature of Officer(s) of Corporation

Insulation Permit Information

TRI-CITY 418 PERSON ST. FAYETTEVILLE NC 910-486-8855

Insulation Contractor's Company Name & Address Telephone

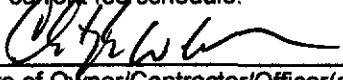
Homeowners Applying to Build Their Own Home

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.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.


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

4/9/09
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.

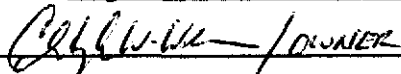
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: CHRISTOPHER W. WEAVER / C.W.W. CONTRACTORS

Sign w/Title:  / OWNER Date: 4/1/09

CRAWL

Plan Box Number D-6

Job Name QUAIL GLEN

Date: 7-1-09

Required Inspections for SFA/SFD

Appl. # 0950021648

Valuation \$151,903

Sq. Feet 2338

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999	<input type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input type="checkbox"/>	R* Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40	<input type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	Four Trade Final
50	<input type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit

Change
Center
5/18/09

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**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

Owner (s) of Structure: CHRISTOPHER W. WEAVER / OWN Phone: 919-796-9286

Owner (s) Mailing Address: 172 W WIMMERE DR.
ANDLER N.C. 27501

Land Owner Name (s): SAME Phone: _____

Construction or Site Address: LOT 13 QUAIL GLEN S/D

PIN or Parcel # from GIS: PIN: 0662-02-3218.000

Job Cost: \$6000.00 Description of Work to be done Plumbing

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap Number of Baths 2 Water Heater

Specific Directions to Job from Lillington:

HWY 210 TOWARDS ANDLER, LEFT ON HARNETT CENTRAL RD.,
QUAIL GLEN S/D IS 1/2 MILE ON LEFT.

Subdivision: QUAIL GLEN Lot #: 13

I GRIFFIN & SON will provide the Plumbing labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 15696, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature: [Signature] Date: 5/12/09

Company Name: GRIFFIN & SON PLUMBING Phone: _____

Address: P.O. BOX 232 BUIES CREEK, N.C. 27504

County: HARNETT Contractor's License #: 15696

Contractor's Signature: [Signature] Date: 5/12/09

*Company name, address, & phone must match information on license.