Application# 09500-21673

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759 32509

App	lication for Building and Trade	
Owner's Name: H&H Constructor	rs, Inc.	Date: 3-20-09
Address: 2919 Breezewood Ave., S	te. 400 Fayetteville, NC 28303	Phone: 910-486-4864
Directions to job site: 676	VALLEY DARDR.	
Subdivision: FOREST OAKS	Lot:	69
Type Construction: (Please Check)		Building Use: (Please Check)
New (x) Renovation () Addition	0	Residential (x) Modular ()
Moved House O Other O	·	Commercial O Multi-Family
Description of Proposed Work:		O IVIDITAL AMILY
Total Project Cost:		
	Building Permit Information	
Heated 1565 Crawl Space O	Prilding Consta	action Cost \$ 92,402
Unheated YIK Slab	Acres Disturbed 0.39	Choice Cost \$ 70,700
H&H CONSTRUCTORS, INC. 2 Building Contractor's Company No.	Acres Distince U. 57	O Stories
Building Contractor's Company Nam	DECEMBER WOOD AVE., SIE.	Address
Building Contractor's Company Nam	<u>31554</u> L	
Signature of Officer(s) of Corporation	n License #	910-486-4864
		Telephone
Description of Work	Electrical Permit Information	
TS Pole: Yes () No () Undergroun	Electrical Cost	\$
Permanent Service: Underground ()	d() Overhead()	
Permanent Service: Underground ()	Overnead () Service Size:	Amps
TEN Electric Corp.	<u>910.487.</u>	5000
Electrical Contractor's Company Name	Telephone	
4341 Swindon Dr., Fay,	NC 28312	_ 25333 U
Address		License #
- Elder / X		2.00.100 1/
Signature of Officer(s) of Corporation		
· — ,	hanical Permit Information	
Description of Work Num	nber of Units Type System	Mechanical Cost S
Carolina Comfort Air, Inc.	nber of UnitsType System	mithfield NC 27577
Mechanical Contractor's Company Name	Addr	19.934-1060
	H-3-I	<u> 119 • 934 • 1060</u>
Signature of Officer(s) of Corporation	License #	Telephone
		· · · · · · · · · · · · · · · · · · ·
	44	ewine
•		
• •		
P	lumbing Permit Information	•
Description of Work		ing Cost \$
VANCE JOHNSON PLUMBING	3242 MID PINE DR FAV	FTTFVILLE NC 2020
Plumbing Contractor's Company Name	IT WILL IN DR. FAI	
William W/ml	7756 P1	Address
Signature of Officer(s) of Corporation	License #	910-424-6712
- Composation	DICERSE #	Telephone

Revised

11 A
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?
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?
yesno
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 <u>any</u> 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.
Signature of Owner/Contractor/Officer(s) of Corporation Date
Affidavit for Worker's Compensation N.C.G.S. 87-14
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
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:
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
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Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
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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.
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:

Sprinkler Sy	stem Information
Sprinkler Contractor's Company Name	Address
Contact Person	Telephone
License Number	
Pine Alexan C	
Fire Alarm Sy	stem Information
Alarm Contractor's Company Name	Address
Contact Person	Contact Person's Signature
License Number	Telephone
<u>Drivew</u>	vay Access
NC Department of Transportation Driveway Access.	/Permit? Yes No
that the construction will conform to the regulations codes, and the Harnett County Zoning Ordinance. I	the above contractors I certify it is my responsibility to
Mounis Tunus	3-20-09
Signature of Owner/Contractor/Officer(s) of Corpora	ation Date

Plan Box Number RA-12

Job Name FOREST OAKS

Date: 3-25-09

Required Inspections for SFA/SFD

Appl. # 6950821673Valuation # 136,722Sq. Feet 2012

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
10	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
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
60	One Trade Final > 2500
999	Envir. Operations Permit
	2 Operations remit