

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

SCANNED
10/6/09
DATE

Application for Building and Trade Permit

Owner's Name: Ken Moss Date: Oct 5 2009
Address: P.O. Box 577 Lillington N.C. 27546 Phone: 910-893-4875
Directions to job site: _____

Subdivision: N/A Lot: _____
Type Construction: (Please Check)
New Renovation Addition
Moved House Other Building Use: (Please Check)
Residential Modular
Commercial Multi-Family
Specify Type of Work: _____

Building Permit Information

Heated Crawl Space
Unheated Slab
Moss Developpers
Building Contractor's Company Name
Signature of Officer(s) of Corporation
Building Construction Cost \$ _____
Acres Disturbed 1 Stories _____
P.O. Box 577 Lillington NC
Address
18637 License # 910-893-4875 Telephone

OCT 06 2009

Electrical Permit Information

Description of Work Electrical Electrical Cost \$ _____
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead
Pioneer Electric Maintenance Co., Inc. Service Size: _____ Amps
Electrical Contractor's Company Name 4212 Old US 421 Lillington NC, 27546
Address
Neil B. Johnson License # 21643 Telephone 910-814-3751
Signature of Officer (s) of Corporation

Insulation Permit Information

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

Mechanical Permit Information

Description of Work HVAC Number of Units _____ Type System _____ Mechanical Cost \$ _____
Number of Tons _____
Beasley's Hgt & A/c, Inc. Address 57 W.C. Beasley Ln. Coats N.C. 27521
Mechanical Contractor's Company Name
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 \$ _____
W.W. Plumbing Co Address PO Box 1239 Angier
Plumbing Contractor's Company Name
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.

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

Oct 6 2009
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 Developments

Sign w/Title: 

Date: Oct 6, 2009

CRAWL

Plan Box Number #2

Job Name GRAND Pines

Date: 5-26-09

Required Inspections for SFA/SFD

Appl. # 09-50022165
Valuation 99731
Sq. Feet 1738

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
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