" The Pender w/ 3 can becan"

lot 40 (Avolina Siam) 09-500-23464

## Harnett County Central Permitting PO Box 65 Lillington, NC 27548 Telephone Number 910-893-4759

Application for Building and Tr	ade Permit
Owner's Name: (Ass) Price Construction =	
Address: 170 Pina State Street Lilling	Lin, ec Phone: 814- 4236
Directions to job site:	
CAROLINA SEASON - NEW Golf Course Lote	- tast lots in cut de Sac @ 5.
Subdivision: Citico ling Seasons	- 1 at 11 12
	Lot: <u>40</u>
New Residential	Please Check)
Renovation Modular	
AdditionCommercia	. •
Moved HouseMulti-Family	
Other	
Description of Proposed Work: Jan Con & fraction	,
Total Project Cost: 200000. 5	
Building Permit Informa	tion .
Heated SF SO Crawl Space ( Building Const.	ruction Cost \$ 200 000 50
Unheated SP7_10 Slab ( ) Acres Disturbe	d Stories 2
Jason Price Genot INC. 910	84 4231
Building Contractor's Company Name Teleph	one
	0859
Address	9#
Signature of Officer(s) of Corporation	
Electrical Permit Informat	ion
Description of Work RW Howe Electrical (	Cost \$ Soov at
TS Point Yes (Y No ( ) Underground ( ) Overheard ( )	1
Permanent Service: Underground () Overhead () Service St	
	258-6570
Electrical Contractor's Company Name Telephone	
PR-BOX 384 BORKWAY 1.C. 27505	
Addless All C- E-D	License #
Addless J thamps (Janies F. Pan)	H3 UR)
Signature of Officer(s) of Corporation	
Mechanical Permit Info	rmation
Description of Work	
Number of Units 2 Type System Clerking Hum	た Mechanical Cost \$ 800 4
	- 891-5410
Mechanical Contractor's Company Name Totopi	
P.UBOX 82 BUNSON, N.C 27504	<u> 23670</u>
Address - /	License #
9. David Garthan	
Signature of Officer(s) of Corporation	
~	tion.
Description of Work New Home	<del>uon</del>
	ng Cost \$ 7500 9
	9-868-0959
Plumbing Contractor's Company Name, Telepho	
(2) ( 10.1/	
IN THANK VIEW IN. ( UCTO AT 2130)	
Address 1 M. Coats NC 27521 2 License	3160
	3160
	3160
Address License	3160
Address  License  Signature of Officer(s) of Corporation  Insulation Permit Informa	3/60 9#
Address  Signature of Officer(s) of Corporation  Insulation Permit Informa  Residential () Not Required ()	\$160 # :: tion
Address  License  Signature of Officer(s) of Corporation  Insulation Permit Informa	3/60 9#

		Application #	<u>.</u>
		nust fill out this portion stem Information	
Sprinkler Contractor's Company Name	•	Contact & Telephone	_
Address	•	License #	<del></del>
Signature of Officer(s) of Corporation Fire	Alarm Sy	rstem Information	
Fire Alarm Contractor's Company Name		Contact & Telephone	
Address		License #	<del></del>
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department	nt of Transp	ortation Driveway Access/Permit? Yes	No
Please answer the following questions then see a	Permit Tech	y to Build Their Own Home nician to determine if you qualify for permit under Own	
		Issue of Building Permits (Memo availab	
1. Do you own the land on which the	nis buildiı	ng 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			
		vise construction activities? yes	
4. Do you intend to schedule, cont be done?	ract, or d	lirectly pay for all phases of construction yes	ction work to 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?			
Creates the presumption and the	<b>,</b>	yes	no
Sign & date			
and that the construction will conform to Mechanical codes, and the Hamett Courontractors is correct as known to me and trade plans. Environmental	to the reg nty Zoning Id if <u>any</u> ch	ecessary application, that the application is ulations in the Building, Electrical, Plumb Ordinance. I state the information on the nanges occur including listed contractors, s mit changes or proposed use changes, I co al Permitting Department of any and all cha	e above lite plan, ertify it is

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

Date

Application #	<u> </u>
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## Affidavit for Worker's Compensation N.C.G.S. 87-14

he undersigned applicant for Building Permit.# <u>09500 - 23964</u> being the:
General Contractor
Owner Officer/Agent of the Contractor or Owner
To hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing he work 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.
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.
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 nsurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.
Firm Name: Arow Price Const. In
Sign/Title: President - Ja
Date: 2/13/10

Charl

Plan Box Number <u>E</u> 7

Job Name Carolina Season

Date: 1-10

Required Inspections for SFA/SFD

Appl. # 09-50023464 Valuation 248841 Sq. Feet 3830

## Sequence

10 10-30 20 20 30-999 30-999 30-999 40 40 40 40 40 40 40 40 60 60 60 60 60 60 60 60 60 60 60 60 60	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Final Four Trade Final Four Trade Final Three Trade Final Two Trade Final Two Trade Final One Trade Final One Trade Final
999	Envir. Operations Permit