

22 Walnut

App# 1050023527

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

SCANNED
2/5/10
DATE

Application for Building and Trade Permit

Owner's Name: Keith Bullock Builders, INC. Date: _____
Address: 72 Overlook Ct Angier, NC 27501 Phone: 919-427-4628
Directions to job site: Hwy 210 South - 10 miles turn left on Lasater Rd.
@ 1/4 mile turn left on Walnut Grove Dr. - Right on Saw Grass - lot on left.

Subdivision: Walnut Grove Lot: 22

Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other

Description of Proposed Work: new single family
Total Project Cost: 165,000

FEB X 4 ENTD

Building Permit Information

Heated SF 2491 Crawl Space Building Construction Cost \$ _____
Unheated SF 536 Slab Acres Disturbed .5 Stories 2
Keith Bullock Builders, INC. Telephone 919-427-4628
Building Contractor's Company Name Address 72 Overlook Ct Angier, NC 27501 License # 47504
Signature of Officer(s) of Corporation [Signature]

Electrical Permit Information

Description of Work new Electrical Cost \$ _____
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead Service Size: 200 Amps
Rex Dean Electrical Telephone 552-4252
Electrical Contractor's Company Name Address 8039 Kennebec Rd. Willow Springs License # 5748
Signature of Officer(s) of Corporation Rex Dean by K. Bullock

Mechanical Permit Information

Description of Work new Mechanical Cost \$ _____
Number of Units 2 Type System HP Telephone 639-2297
Young's Electric Inc. License # H04469
Mechanical Contractor's Company Name Address PO Box 398 Angier
Signature of Officer(s) of Corporation Ted Young by K. Bullock

Plumbing Permit Information

Description of Work new Plumbing Cost \$ _____
Number of Baths 2.5 Telephone 639-0194
W & W Plumbing Co. INC. License # 14087
Plumbing Contractor's Company Name Address PO Box 1004 Angier
Signature of Officer(s) of Corporation [Signature]

Insulation Permit Information

Residential Other Not Required
Insulating Inc. Address 1212 Harnett Ct. Raleigh Telephone 772-9000
Insulation Contractor's Company Name

Sprinkler System Information

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Telephone

Contact Person

Address

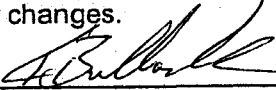
License #

Signature of Officer(s) of Corporation

Driveway Access

NC Department of Transportation Driveway Access/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 in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.



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

Date

1-28-2010

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

The undersigned applicant for Building Permit # _____ being the:

- 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/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 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.

Firm Name: Keith Bulluck Builders, Inc.

By/Title: A. Bulluck - Pres.

Date: 1-29-2010