

Bryan

1050023623

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

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: From Lillington Hwy 401 North - turn left on Christina Light Rd. - turn left on Jackson Rd. - 1/4 mile on right - Keith Bullock Builder - sign.

Subdivision: 194 Jackson Rd. Lot: _____

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: 250,000.

Building Permit Information

Heated SF 2859 Crawl Space () Building Construction Cost \$ _____
Unheated SF 622 Slab () Acres Disturbed .5 Stories 1 1/2
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 552-4262
Electrical Contractor's Company Name Address 8039 Kennebec Rd. Fuquay 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
Young's Electric Inc. Telephone 639-2297
Mechanical Contractor's Company Name Address PO Box 398 Angier License # 104469
Signature of Officer(s) of Corporation Ted Young by K. Bullock

Plumbing Permit Information

Description of Work New Plumbing Cost \$ _____
Number of Baths 3 Full
W & W Plumbing Co. INC. Telephone 639-0194
Plumbing Contractor's Company Name Address PO Box 1004 Angier License # 14087
Signature of Officer(s) of Corporation [Signature]

Insulation Permit Information

Residential () Other () Not Required ()
Insulating Inc. Address 1212 Hamed. Rd. L 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

1-29-2010

**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 Bullock Builders, Inc.

By/Title: A. Bullock Pres.

Date: 1-29-2010

Plan Box Number H4

Job Name Bryan

Date: 1-29-10

Required Inspections for SFA/SFD

Appl. # 10-50023623

Valuation \$226,166

Sq. Feet 3481

Sequence

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