## Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-4759 www.harnett.org

A	1/9/10	
Owner's Name: (1) Public Application to	Doublet Control Date:	
Address: P.O. Boy 53186 Fair		
Directions to job site	To Trugen Rd To het 12	
Subdividual Survey L. R.	100 - 11 1)	
Subdivision: ONG (Please Check)	Building Use: (Please Check)	
New	Residential	
Renovation	Modular	
Addition	Commercial	
Moved House Other	Multi-Family	
Description of Proposed Work:	Resodential Construction	
Total Project Cost: 1/9,000	The state of the s	
	ng Permit Information	
Heated SF1317 Crawl Space () Unheated SF347Siab (X)	Building Construction Cost \$ 76,000 Acres Disturbed O. 17 Stories	
Weaver Development CO., Inc.	Acres Disturbed <b>Q. 7</b>	
Building Contractor's Company Name	Telephone	
P.O. Box 53786, Fayetterille,	NC 28305 # 26962	
Address	License #	
Simulation of Stellands		
Signature of Officer(s) of Corporation		
Electri	cal Permit Information	
Description of Work Install Electric	cal Electrical Cost \$ 7700	
TS Pole: Yes 10 No () Underground 00	Overheard ( )	
Permanent Sérvice: Underground () Ove		
SECS Electric Electrical Contractor's Company Name	919-718-1156	
1206 Pendergraff Rd. Sanford	Telephone , NC 27330 # 18002-L	
Address	License #	
that mile		
Signature of Officer(s) of Corporation		
18 b - o	I at Damak Information	
Description of Work Install Heat Pur	ical Permit Information	
Number of Units Type Syste	m Heat Pump Mechanical Cost \$ OOT	
Autry & HYAC	910-322-0635	
D D Palace Last of St. T.	1 2839 Telephone # 20078 7	
Address Day		
But Autur	License # -	
Signature of Officer(s) of Corporation	<del></del>	
ang		
Plumb	ing Permit Information	
Description of Work Install Plumbin		
Number of Baths	Plumbing Cost \$ ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	
Plumbing Contractor's Company Name	Telephone	
4225 Final Approach Dr. Fave		
Address 7/7	License #	
H.T. Worman		
Signature of Officer(s) of Corporation		
Insulation Permit Information		
Residential (7) Other ( ) Not Required ( )	ion remit intormation	
Tri-City Insulation	418 Person St. 910-486-8855	

Insulation Contractor's Company Name

Address Fayetteville, NC Telephone

28301

	bs must fill out this portion System Information	
Sprinkler Contractor's Company Name	Contact & Telephone	_
Address	License #	<del></del>
Signature of Officer(s) of Corporation Fire Alarm	n System Information	
Fire Alarm Contractor's Company Name	Contact & Telephone	<del></del>
Address	License #	_
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Tra	insportation Driveway Access/Permit? Yes	No
	ing to Build Their Own Home echnician to determine if you qualify for permit under Own	ers Exemption.
Questionnaire per G.S. 87-14 Regulations as	s to Issue of Building Permits (Memo available	upon request
1. Do you own the land on which this bui	Iding will be constructed? yes	no
2. Have you hired or intend to hire an ind the project?	lividual to superintend and manage con	struction of
3. Do you intend to directly control & sup	ervise construction activities? yes	no
4. Do you intend to schedule, contract, o be done?	r directly pay for all phases of construct yes	ion work to
5. Do you intend to personally occupy the following completion of construction and coreates the presumption under law that ye	do you understand that if you do not do	
	yes	no
Sign & date		
I hereby certify that I have the authority to make and that the construction will conform to the remarkable Mechanical codes, and the Harnett County Zoni contractors is correct as known to me and if any building and trade plans, Environmental Health per my responsibility to notify the Hartest County Contractor Officer(s) of Corpo	egulations in the Building, Electrical, Plumbing Ordinance. I state the information on the changes occur including listed contractors, site ermit changes or proposed use changes, I cert atral Permitting Department of any and all changes.	g and above plan, ifv it is

23638

## 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
	firm under penalties of perjury that the person(s), firm(s) or corporation(s) ork 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.
X	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.
Permitting Depa	in the project for which this permit is sought it is understood that the Centra artment issuing the permit may require certificates of coverage of worker's surance prior to issuance of the permit and at any time during the permitted work firm or corporation carrying out the work.
Firm Name: We	aver Development CO., Inc.
By/Title:	will 5 that (Super)
Date:	1/9/10

Plan Box Number AA 10

Job Name Smoot Ridge

Date: 1-20-10

Required Inspections for SFA/SFD

Appl. # 10-30023638Valuation # 125135Sq. Feet 1926

## Sequence

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