Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company	Application # 10-500 24316
name & phone must match information on Harnett County license. PO Box 65 Li	Central Permitting lington, NC 27546
Application for Residentia	i Building and Trades Permit
Owner's Name: Bradley Built Inc	
Site Address: 26 Abran Ct	Date: <u>6-21-10</u>
Directions to job site from Lillington: /	Phone: 919-639-2073
Directions to job site from Lillington: $L \rightarrow H \rightarrow Y$ $R \cdot \rightarrow H \rightarrow 27$ $L \rightarrow T - T - T - T - T - T - T - T - T - T$	ally yol towards Faurthewilly
	FJ Sub on Left
Subdivision: Patter's Point Phan II	
Description of Proposed Work: New SFD	Lot: <u>171</u>
Heated SE ULA Linboated OF 100	#Bedrooms: <u>3</u>
Heated SF <u>1112</u> Unheated SF <u>481</u> Finished General Contra	Rec Room? <u>M</u> Crawl Space (/ Slab ( )
Bradley Built, Inc.	919-639-2073
Building Contractor's Company Name	Telephone
466 Stancil Rd, Argier NC 275	0154519
march	License #
Signature of Owner/Contractor/Officer(s) of Corporation	Must sign & fill out second page
Service	e Size: 200 Amps TPole: (yes/no
Stancil-Owen Electrical, Inc. Electrical Contractor's Company Name	919-639-2073
466 Stancil Rd., Angier, NC 27501	Telephone
Address	
Jamphel	License #
Afginature of Officer(s) of Corporation	
Description of Worth Description	nit Information
Description of Work <u>Residential</u>	
JC's Heating & Air Mechanica Contractor's Company Name	919-552-6258
1539 Wade Stephenson Rd Holl	Telephone
Address	
Johney Cont	License #
Signature of Officer(s) of Corporation	
Plumbing Permi	t Information
Description of WorkResidential	# Baths <i>2</i>
Barnes Plumbing, Inc. Plumbing Contractor's Company Name	919-639-0935
PO Box 1207 Anni an anni an	Telephone
PO Box 1207, Angier, NC 27501	P17735
Ing Reman	License #
Signature of Officer(s) of Corporation	
Deulation Do-mik	Information
	Leigh, NC 27603 919-772-9000
Insulation Contractor's Company Name & Address	Telephone

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Application # 10-50024316

	Please answer the following questions then see a Permit Tobalistic to Home	
	Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)	
	r. Do you own the land on which this building will be constructed?yes	
	2. Have you hired or intend to hire an individual to superintend and manage construction of theyes no	
	3. Do you intend to directly control & supervise construction activities?yesno	
	4. Do you intend to schedule, contract, or directly pay for all phases of construction work to beyesyes	
	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?	
	yesno	
	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 <u>any</u> 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	
	Signature of Owner/Contractor/Officer(s) of Corporation	
ſ	Signature of Owner/Contractor/Officer(s) of Corporation Date	
	Signature of Owner/Contractor/Officer(s) of Corporation       6-21-12         Date         Affidavit for Worker's Compensation N.C.G.S. 87-14         The undersigned applicant being the:	
	Affidavit for Worker's Compensation N.C.G.S. 87-14         The undersigned applicant being the:         X       General Contractor         Owner       Officer/Agent of the Contractor or Owner	
	Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
	Affidavit for Worker's Compensation N.C.G.S. 87-14         The undersigned applicant being the:	
	Affidavit for Worker's Compensation N.C.G.S. 87-14         The undersigned applicant being the:         X       General Contractor         Owner       Officer/Agent of the Contractor or Owner	
	Affidavit for Worker's Compensation N.C.G.S. 87-14         The undersigned applicant being the:	
	Affidavit for Worker's Compensation N.C.G.S. 87-14         The undersigned applicant being the:	
	Affidavit for Worker's Compensation N.C.G.S. 87-14         The undersigned applicant being the:	
	Affidavit for Worker's Compensation N.C.G.S. 87-14         The undersigned applicant being the:	
	Affidavit for Worker's Compensation N.C.G.S. 87-14         The undersigned applicant being the:	

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JA6 Plan Box Number\_\_\_

Job Name Bradley Bult Date: 6-21-10

Required Inspections for SFA/SFD

## Appl. # 10 - 50024316Valuation 86867 Sq. Feet 1337

## Sequence

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**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> 2500 Three Trade Rough In Three Trade Rough In> 2500 Two Trade Rough In Two Trade Rough In> 2500 One Trade Rough In One Trade Rough In > 2500 **R\*** Insulation Four Trade Final Four Trade Final > 2500 Three Trade Final Three Trade Final > 2500 Two Trade Final Two Trade Final > 2500 One Trade Final One Trade Final > 2500 Envir. Operations Permit