910-486-8855

Harnett County Central Permitting PO 80x 65 Lillington, NC 27546 910-893-4759 www.harnett.org

28303 Application for Building and Trade Permit Owner's Name: Weaver 350 U Directions to job site: Subdivision: Construction Type: (Please Check) Building Use: (Please Check) X/New Residential Renovation Modular Addition Commercial Moved House Multi-Family Other Description of Proposed Work: New Sund Total Project Cost: Building Permit Information Heated SF 200 Building Construction Cost \$
Acres Disturbed Cost Crawl Space 🕰 Unheated SF Weaver Development CO., 910-630-2100 **Building Contractor's Company Name** Telephone P.O. Box 53786, Fayettex/111e, NC 28305 26962 Address License # Signature of Officer(s) of Corporation Electrical Permit Information Electrical Cost \$ 6000.00 Description of Work <u>Install Electrical</u> Overheard () TS Pole: Yes W No() Underground 💥 200 Permanent Service: Underground X Service Size: Overhead () 919-718-1156 SECS Electric Electrical Contractor's Company Name Telephone 1206 Pendergraff Rd. Sanford, NC 27330 # 18002-L Add**ness** License # Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work Install Heat Pump Type System Heat Pump Number of Units Mechanical Cost \$ Telephohe License # Signature of Officer(syof Corporation Plumbing Permit Information Description of Work Install Number of Baths Plumbing Cost \$ 910-483-7082 H.F. Dorman Plumbing Plumbing Contractor's Company Name Telephone 4225 Final Approach Dr. Fayetteville, NC 28312 # 04132 P1 License # Address TUMAN Signature of Officer(s) of Corporation Insulation Permit Information Residential (X) Other () Not Required ()

418 Person St.

Address Fayetteville, NC Telephone

72771

Tri-City\Insulation

Insulation Contractor's Company Name

Application #____24585

	os must fill out this portion System information		
Sprinkler Contractor's Company Name	Contact & Telephone		
Address	License #	·	
Signature of Officer(s) of Corporation Fire Alarm System Information			
Fire Alarm Contractor's Company Name	Contact & Telephone		
Address	License #		
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Tra	insportation Driveway Access/Permit? Yes	No	
Homeowners Apply	ing to Build Their Own Home		
Please answer the following questions then see a Permit T		ners Exemption.	
Questionnaire per G.S. 87-14 Regulations as	s to Issue of Building Permits (Memo availab	le upon request)	
1. Do you own the land on which this bui	lding will be constructed? yes	no	
2. Have you hired or intend to hire an ind the project?	dividual to superintend and manage col	nstruction of no	
3. Do you intend to directly control & sup	ervise construction activities? yes	no	
4. Do you intend to schedule, contract, o be done?	or directly pay for all phases of construction yes	ction work to	
5. Do you intend to personally occupy the following completion of construction and creates 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 Zonic contractors is correct as known to me and if any building and trade plans, Environmental Health per my responsibility to notify the Harnett County Carlos Signature of Owner/Contractor/Officers) of Corporation	regulations in the Building, Electrical, Plumbi ing Ordinance. I state the information on the changes occur including listed contractors, si permit changes or proposed use changes, I central Permitting Department of any and all char	ing and a above te plan, rtify it is	

24585

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

The undersigned	d applicant for Building Permit # being the:
	Contractor Owner
	Officer/Agent of the Contractor or Owner
Do hereby con performing the v	ifirm under penalties of perjury that the person(s), firm(s) or corporation(s) 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.
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 Dep compensation in	on the project for which this permit is sought it is understood that the Central artment issuing the permit may require certificates of coverage of worker's asurance prior to issuance of the permit and at any time during the permitted work in firm or corporation carrying out the work.
Firm Name: We	eaver Development CO., Inc.
By/Title:	wiel S. Hall / Speriatendent
Date:	9/16

	10
Plan Box Number_	

Summit Job Name Weaver

Date: 6-10-18

Required Inspections for SFA/SFD

Appl. # 16-5-08-24-585 Valuation /61844 Sq. Feet 2491

Sequence

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