

Application for Building and Trade Permit

Owner's Name: Weaver Development Co., Inc. Date: 6/9/16
Address: 350 Wagner Dr. Bunker Hill, NC 28303 Phone: 910-630-2100
Directions to job site: Hwy 2012 to Tinsford Rd. to Alameda Dr. to Tomhatche to Castle Rock to then Right on Boulder.

Subdivision: Summit Lot: 97

Construction Type: (Please Check)

Building Use: (Please Check)

- New
- Renovation
- Addition
- Moved House
- Other

- Residential
- Modular
- Commercial
- Multi-Family

Description of Proposed Work: New Single Family Dwelling
Total Project Cost: 192,700.00

Building Permit Information

Heated SF 1874 Crawl Space
Unheated SF 12 Slab ()
Building Construction Cost \$ 171,000.00
Acres Disturbed: .36 Stories 1
Weaver Development Co., Inc. Telephone 910-630-2100
Building Contractor's Company Name
P.O. Box 53786, Fayetteville, NC 28305 # 26962
Address
License #
Signature of Officer(s) of Corporation

Electrical Permit Information

Description of Work Install Electrical Electrical Cost \$ 5700.00
TS Pole: Yes No () Underground Overhead ()
Permanent Service: Underground () Overhead () Service Size: 200 Amps
SECS Electric Telephone 919-718-1156
Electrical Contractor's Company Name
1206 Pendergraff Rd. Sanford, NC 27330 # 18002-L
Address
License #
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work Install Heat Pump
Number of Units 1 Type System Heat Pump Mechanical Cost \$ 7800.00
Autry's HVAC Telephone 910-322-0635
Mechanical Contractor's Company Name
P.O. Box 447 Steadman, NC 28391 # 20078
Address
License #
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Install Plumbing
Number of Baths 2 Plumbing Cost \$ 8200.00
H.F. Dorman Plumbing Telephone 910-483-7082
Plumbing Contractor's Company Name
4225 Final Approach Dr. Fayetteville, NC 28312 # 04132 P1
Address
License #
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential Other () Not Required ()
Tri-City Insulation 418 Person St. Telephone 910-486-8855
Insulation Contractor's Company Name Address Fayetteville, NC Telephone
28301

Commercial Jobs must fill out this portion
Sprinkler 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

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed? ___ yes ___ no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? ___ yes ___ no
3. Do you intend to directly control & supervise construction activities? ___ yes ___ no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? ___ yes ___ no
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? ___ yes ___ no

 Sign & date

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 including listed contractors, site plan, 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 any and all changes.

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

 Date

24586

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

The undersigned applicant for Building Permit # _____ being the:

- _____ Contractor
- _____ Owner
- X _____ 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.

 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.

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: Weaver Development CO., Inc.

By/Title: Daniel S. Hall / Superintendent

Date: 6/9/10

