LATA: Lind Bute

Application # 10 - 500-25 202.

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793

www.harnett.org/permits

Certification of Work Ferformed By Owner/Contractor
(Individual Trade Application)

Oumas (a) as 9	Structure:	Rulinas Zai	Leck Tripping	\$15- W.27-
	iling Address: 76		<i>y</i>	
Owner (S) Ma	- I	wier Ne a		
! and Owner N	Vame (s):			
	or Site Address:			
	# from GIS:			
Job Cost:	Description a	f Work to be done	<u>NEW</u>	
Mechanical:	New Unit With Ductwo	ork New Unit Wi	hout Ouctwork	Gas Piping
Ractricsi".	200 Amp <200 3	Amp Service Of a stromers we need the pre	irige Salvice f	Reconnect Ch
e bingi	Water/Seiver (far	Number of Bath	s <u>2.5</u> Wate He	٤ ter
nc'fic Diag	ins to Job mem illi	<u>'à' on</u> :		
b živision:	Walne		ot :	
_ 7	}			
1 1801 L	AMDEL will pactors Name)	provide the	dains	labor on this st
	ictors Name) ing diwner on my INO si			
	werk on the above sin			
	applicable State and lo			
	er(s) signature:		•	te:
		71		
Company Nan	ne: (AMDEL	Plumbille	2 = none 919-	557-1564
Address: PC	2. Box 1359	FURUAY-YNZING,	162712/60 mity:	Woke
	icense #: 16993	Email Arida	ress: <u>Pixsyvlu</u>	mb@aol.L
Contractor's S	ignature:	Cic		late. 12-2-10
•	Company name, add	ress, & phone musi	match information	on ilcense.

App. # 10-50025205

Lith Bullock Builder's, Inc.

+ Please change WEW Humbing Co., Irc. on permit # 10-50035205 to Landen Planking Co. of Figury-Varina, NC.

CHANGE OF CONTRACTOR

That's,

12-2-10

Telephone Number 910-893-4759

/ 1 / 	Building and Trade Perr	<u>nit</u>	6 01		
	B. INC		10-26-10		
	cr. NC 27501		<u>919-407-</u>		
Directions to job site: Hwy 210 south	Approx. 10 miles the	<u> </u>	1 LASSATE	da	
tres left is walnut cor! - tim right at	TINTERSECTION - 10T/2	DA (ES	TAL ENGLOTS	E CLASS	
Subdivision: Walnut Goose	•	Lot:	15		
Construction Type: (Please Check)	Building Use: (Please C		· · · · · · · · · · · · · · · · · · ·	-	
X New	Residential	•			
Renovation	T Modular		-		
Addition	Commercial				
Moved House	Multi-Family				
Other	- J.				
Description of Proposed Work: NEW Single	Family			-	
Total Project Cost: 175,000.					
Building	Permit Information		• .		
Heated SF 2384 Crawl Space (Y	Building Construction C	ost \$			
Unheated SF 4/73 Slab (4)	Acres Disturbed 5	s	tories <u></u>	•	
Keith Bullost Buildos, INC.	919-42	7-466	28	-	
Building Contractor's Company Name	Telephone	اندم			
72 Overlook Ct, Angier, NC 27	20/	1304		•	
Address	License #				
Signature of Officer(s) of Corporation	_				
Signature of Officer(s) of Corporation					
<u>Electrical</u>	Permit Information				
Description of Work New	Electrical Cost :	\$		-	
TS Pole: Yes No () Underground	Overheard ()	200	Amps		
Permanent Service: Underground W Overho	ead() Service Size: _ 		Airipa		
Electrical Contractor's Company Name	Telephone	100		-	
8039 Kernebect Alakow Sp	brs 57	48		_	
Address	License #		,		
Jes Dean to f. Bullock	_				
Signature of Officer(s) of Corporation					
Mechanical Permit Information					
Description of Work <u>೧೯೮೨</u>	ar Ferrint innormation			_	
Number of Units Type System	HP Mecha	nical Cost	\$	_	
Young's Electric INC.	639	-229	7	_	
Mechanical Contractor's Company Name	Telephone	1 211119	?		
Po Bot 398 Angier		04701		-	
Address	License #				
Ted your by Al wast	_				
Signature of Officer(s) of Corporation					
Plumbing	Permit Information				
Description of Work					
Number of Baths 2.5	Plumbing Cost			-	
WEW Humbing Co. INC.	<u>639-</u>	0174		.	
Plumbing Contractor's Company Name	Telephone	1087			
PO Box 1004 Angio	License #	007		-	
Address 20th A Sullay	LICENSE #	•			
Signature of Officer(s) of Corporation					
Signature of Officer(o) of Corporation					
Insulation Permit Information					
Residential (Other () Not Required ()	10,001 2	7/-1	772-9	200	

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

The undersigned ap	pplicant for Building Permit # being the:
	ontractor vner
Off	ficer/Agent of the Contractor or Owner
Do hereby confirm performing the work	under penalties of perjury that the person(s), firm(s) or corporation(s) set forth in the permit:
Ha	as/have three (3) or more employees and has/have obtained workers' impensation insurance to cover them.
He	as/have one (1) or more subcontractors(s) and has/have obtained workers' mpensation insurance to cover them.
Ha wo	as/have one (1) or more subcontractors(s) who has/have their own policy of orkers' compensation insurance covering themselves.
Ha	as/have not more than two (2) employees and no subcontractors.
compensation insura	he project for which this permit is sought it is understood that the Central tent issuing the permit may require certificates of coverage of worker's ance prior to issuance of the permit and at any time during the permitted work m or corporation carrying out the work.
Firm Name: Le:	the Bullock Builder's Tre.
By/Title:	llack Poesident
Date: 10-36	-10
	the Bullock Builder's Tre. Mark Poesident -10

Plan Box Number A-8

Bellack #15 Job Name Walnut Grave

Date: 10.26-10

Required Inspections for SFA/SFD

Appl. # 10 5 -2520 2 Valuation \$ 185,883 Sq. Feet 280

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	
30-999	R* Bldg. Slab Insp. R* Elec. Under Slab
30-999	
40	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	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
The state of the s	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
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