

Application for Building and Trade Permit

Owner's Name: Moss Developers Date: 3/4/2011
Address: P.O. Box 577 Lillington NC 27546 Phone: 910-893-8520
Directions to job site: 421 North To Raven Rd. Turn left on Brown, Turn right on Carson
Subdivision: Grande Pines Lot: 6
Type Construction: (Please Check)
New Renovation Addition
Moved House Other
Specify Type of Work: _____
Building Use: (Please Check)
Residential Modular
Commercial Multi-Family

Building Permit Information

Heated 1358 Crawl Space
Unheated _____ Slab
Moss Developers
Building Contractor's Company Name
Signature of Officer(s) of Corporation _____
Building Construction Cost \$ _____
Acres Disturbed _____ Stories _____
P.O. Box 577 Lillington NC
Address _____
18637 License # _____
910-893-4875 Telephone _____

Electrical Permit Information

Description of Work Electrical Electrical Cost \$ _____
TS Poles: Yes No Underground Overhead
Permanent Service: Underground Overhead Service Size: _____ Amps
Proper Electric & Plumbing Co., Inc.
Electrical Contractor's Company Name _____
Neil B. Shaw Signature of Officer (s) of Corporation _____
21643 License # _____
4320105421 Lillington NC, 27546 Address _____
910-844-3751 Telephone _____

Insulation Permit Information

Residential Other Not Required
TLC City Insulation
Insulation Contractor's Company Name _____
910-846-8855 Telephone _____
418 Person St Fayetteville NC Address _____

Mechanical Permit Information

Description of Work HVAC Number of Units _____ Type System _____ Mechanical Cost \$ _____
Number of Tons _____
Bearley's HVAC, Inc.
Mechanical Contractor's Company Name _____
R. Brent Bearley Signature of Officer(s) of Corporation _____
57 W.C. Bearley Ln. Creats N.C. 27522 Address _____
9497 License # _____
919-894-4248 Telephone _____

Plumbing Permit Information

Description of Work Plumbing Number of Baths _____ Plumbing Cost \$ _____
W.W. Plumbing Co.
Plumbing Contractor's Company Name _____
Willie Seals Signature of Officer(s) of Corporation _____
PO Box 1235 Lillington NC Address _____
14087 License # _____
639-0195 Telephone _____

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

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, 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 any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

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

Date

March 4, 2011

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

The undersigned applicant being the:

General Contractor ___ Owner ___ 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 three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

___ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

___ Has no 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.

Company or Name: Moss Home Builders

Sign w/Title: _____

Date: 3/4/2011

Plan Box Number F8

Job Name Moss Dev.

Date: 3-1-11

Required Inspections for SFA/SFD

Appl. # 1150025925

Valuation \$108,243

Sq. Feet 1666

Sequence

10 ✓

R* Bldg. Footing

10 _____

R* Mono Slab

10-30 ✓

R* Elec. Temp Service Pole

20 _____

Foundation Survey

20 ✓

R* Building Foundation

20 _____

Address Confirmation

Slab _____

30-999 ✓

Open Floor

30-999 _____

R* Bldg. Slab Insp.

Mono _____

30-999 _____

R* Elec. Under Slab

30-999 _____

R* Plumb. Under Slab

Crawl ✓

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

40 _____

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 _____

One Trade Final > 2500

999 _____

Envir. Operations Permit