

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match.

Application # 11 500 26059

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910-893 2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name SOUTHEASTERN PROPERTIES Date 12/15/2011
Site Address TBD (LOT #2) FADEFAK DR Phone 919-777-2826
Directions to job site from Lillington HWY 27 TO BARBECUE CHURCH RD,
RIGHT ON ROSSER PITTMAN, APPROX 1 MILE ON LEFT

Subdivision PITTMAN CROSSING Lot 4
Description of Proposed Work SINGLE FAMILY RESIDENCE # of Bedrooms 3
Heated SF 1358 Unheated SF 0 Finished Bonus Room? 0 Crawl Space Slab

General Contractor Information

SOUTHEASTERN PROPERTIES
Building Contractor's Company Name 919-777-2826 Telephone
2505 DALLAMBLE ST, SAFFORD NC 27332 Address JOHN COOPER (SOUTHEASTERN COMMANDER) Email Address
[Signature] Signature of Owner/Contractor/Officer(s) of Corporation 65299 License #

Electrical Contractor Information

Description of Work SINGLE FAMILY RES Service Size 200 Amps T-Pole Yes No
BELONGS ELECTRICAL
Electrical Contractor's Company Name 919-770-0143 Telephone
736 JOHN ROSSER RD, SAFFORD, NC Address
[Signature] Signature of Owner/Contractor/Officer(s) of Corporation 18798-4 License #

Mechanical/HVAC Contractor Information

Description of Work SINGLE FAMILY RESIDENCE
CAROLINA HVAC
Mechanical Contractor's Company Name 910-585-2425 Telephone
310 James H. Road, Camerby, NC 28326 Address
[Signature] Signature of Owner/Contractor/Officer(s) of Corporation 23599-142-113 License #

Plumbing Contractor Information

Description of Work SINGLE FAMILY RESIDENCE # Baths
RELIABLE PLUMBING COMPANY
Plumbing Contractor's Company Name 919-449-7354 Telephone
1430 ZION C. ROAD, SAFFORD, 27330 Address
[Signature] Signature of Owner/Contractor/Officer(s) of Corporation 7151 License #

Insulation Contractor Information

INSULATING INC.
Insulation Contractor's Company Name & Address 919-776-4138 Telephone

***NOTE General Contractor must fill out and sign the second page of this application.**

08/10

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 that by signing below I have obtained all subcontractors permission to obtain these permits 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 12/15/2011

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 SOUTHEASTERN PROPERTIES AND DEVELOPMENT COMPANY

Sign w/Title [Signature] PRESIDENT Date 12/15/2011

Pittman Crossin #4

Plan Box # A-3

Date 12-18-11
Job Name _____

App # 1150026059

Valuation 154827

SQ Feet 2383

Inspections for SFD/SFA

Crawl _____

Slab ~~_____~~

Mono _____

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 _____

>2500 _____

>2500 _____

Foundation Survey No

Envir Health Yes

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____