

09/09/11

Application #

1150027722

Harnett County Central Permitting
PO Box 65 Lillington NC 27546

910 893 7525 Fax 910 893 2793 www.harnett.org/permits

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

Application for Residential Building and Trades Permit

Owner's Name Curtis + Laura Collins Date 10-17-11

Site Address Collins Rd Phone 910 891-8896

Directions to job site from Lillington take US 421 towards Sanford for about 4 miles and take right on Joe Collins Rd Co to stop sign & take a left on Collins Rd. Continue to cul-de-sac and sign will be on the right

Subdivision _____ Lot _____

Description of Proposed Work New home # of Bedrooms 3

Heated SF 2918 Unheated SF 1048 Finished Bonus Room? Yes Crawl Space Slab

General Contractor Information

Allen Custom Construction, LLC

910-591-9796
Telephone

Building Contractor's Company Name

210 Supreme Drive, Lillington, NC 27546

Email Address

65206

License #

Electrical Contractor Information

Description of Work Wiring Service Size 400 Amps T-Pole Yes No

Pioneer Electric & Maintenance Co

919-499-1767
Telephone

Electrical Contractor's Company Name

80 Neill Thomas Rd, Lillington, NC 27546

Email Address

21643-U

License #

Mechanical/HVAC Contractor Information

Description of Work Installing HVAC system

Alvin B. Collins

910-893 2435
Telephone

Mechanical Contractor's Company Name

730 Collins Rd, Lillington, NC

Email Address

11591

License #

Plumbing Contractor Information

Description of Work Plumbing # Baths 3

Jamie Johnson Plumbing

910 814-0218
Telephone

Plumbing Contractor's Company Name

Address

Email Address

21649

License #

Insulation Contractor Information

Tri City Fayetteville NC

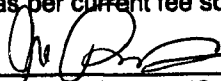
910-257 0457
Telephone

Insulation Contractor's Company Name & Address

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

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

10-17-11
Date

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 Allen Custom Construction, LLC

Sign w/Title  - General Contractor Date 10-17-11

Plan Box # B-4

Date 10-18-11

Job Name Alton Custom Court

App # 1150027722

Valuation \$152999

SQ Feet ~~3150~~
2595

Inspections for SFD/SFA

Crawl X

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 _____

1763 @ 74 = \$114544
 1155 @ 29.99 = 30135
832 @ 10 = 8320