Application # <u>12500 28230</u>

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

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

	Jack -
Owner's Name: BRADLEY. BUILT, TUC.	Date: 1/26/12
Site Address: 166 GUNNER Ct. BROATWAY	NC Phone: 919-639-2073
Directions to job site from Lillington: HWY 27 West - PAS	
HIGH School-topy Lift on TINGENT	2d - top of hill
PATTONS POINT SUB. ON Left.	
Subdivision: PATTONS POINT Phase II	Lot:
Description of Proposed Work: RESIDENTIAL NEW Ho	Me # of Bedrooms: 3
Heated SF: Finished Bonus Room?	Crawl Space: Slab:
General Contractor Information	019-120-1-13
BRADLEY BUILT, INC.	919-639-2073 Telephone
Building Contractor's Company Name ANGER NC 27501	relephone
Address	Email Address
54519	
License # Flectrical Contractor Information	1
Description of Work New Residential Contractor Information Description of Work New Residential Contractor Information Service Size:	200 Amps T-Pole: Yes No
CAM Electric George	919-172-4518
Electrical Contractor's Company Name	Telephone
600 BRUKSTEEL LH. GARNER, NC	Email Address
Address 05689 - L	Email Address
License #	
Mechanical/HVAC Contractor Inform	<u>ation</u>
Description of Work - New Res.	0.0 400
STEPHENSON HVAC	919-329-0686
Mechanical Contractor's Company Name	Telephone
343 ShipWASH DR. GARNER,	
Address	Email Address
18644 H 3-I	
License # Plumbing Contractor Informatio	<u>n</u>
Description of Work New Res.	# Baths
Braile Diversile	919-629-0935
Plumbing Contractor's Company Name	Telephone
D.O. BOX 1207 ANGIER NC 27501	,
Address	Email Address
P17735	
License #	_
Insulation Contractor Information	<u>n</u> 919-661 - 0999
1 MUM JAB. DI OLD DRUGSIONE RO.	Telephone
Insulation Contractor's Company Name & Address	Coophono

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

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)
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?
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?
yesno
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. Signature of Owner/Contractor/Officer(s) of Corporation 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: BRADYRY BUILT, INC.
Sign w/Title:Date:

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

Application #

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Phone 910-893-7525 Fax 910-893-2793 www.harnett.org Application for Residential Building and Trades Perm

Directions to job site from Lillington: Description of Proposed Work: Heated SF	mer's Name:	the stronger of the stronger and stronger	Date		
Subdivision:	ite Address: Phone:				
Subdivision:	ections to job site from Lillington:				
Description of Proposed Work: #Bedrooms: Heated SF Unheated SF Finished Rec Room? Crawl Space General Contractor Information					
Bedrooms: Heated SF	odivision:		Lot:		
Crawl Space General Contractor Information General Contractor Information	scription of Proposed Work:		#Bedro	noms	
Building Contractor's Company Name Telephone Address License # Must sign & fill out second page Bignature of Owner/Contractor/Officer(s) of Corporation Description of Work Electrical Permit Information Service Size: Amps TPole: yes/no Telephone Iddress Mechanical Permit Information Mechanical Permit Information Identical Contractor's Company Name Telephone Identical Contractor's Company Name Telephone Telephone Identical Contractor's Company Name Telephone Telephone Telephone Identical Contractor's Company Name Telephone Telephone Telephone Telephone License # Identical Contractor's Company Name Telephone License # Identical Contractor's Company Name Telephone Telephone	ated SF Unheated SF	Finished Rec Room?			
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Inspections for SFD/SFA Crawl Slab Footing Foundation Address Open Floor Slab Rough In Insulation Final Foundation Foundation Final >2500 >2500 Envir. Health	248 SQ Feet_1466 Mono
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Footing Foundation Address Open Floor Rough In Insulation Final S2500 South Section Substitute Su	Mono
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Open Floor Slab Rough In Rough In Insulation Insulation Final Final >2500 >2500	Ele. Under Slab
Rough In Insulation Insulation Final Final >2500	Address
Insulation Insulation Final Final >2500	Mono Slab
Final Final >2500	Rough in
>2500	Insulation
	Final
Foundation Survey Envir. Health	>2500
	Other
Additions / Other	
Footing	
Foundation	
Slab	
Mono	
Open Floor	* 1
Rough In	
Insulation	·
Final	