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

Application # 125-00 28489

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

Owners Name MYGRS JAMES ADAM	Date <u>03/26//2</u>
Site Address Hillman Grove Rd	Phone 9103668760
Directions to job site from Lillington R1 27	1
Subdivision	Lot
Description of Proposed Work Lob Home	# of Bedrooms#
Heated SF 2981 Unheated SF Finished Bonus Room	
General Contractor Information	ation
CASLOGHOMES INC	919-455-6181
Building Contractor's Company Name	Telephone
7933 CLEUFLAUZ RZ CLAYTON	Email Address
Address N.C, 275.	20 Email Address
<u>650-10</u> License #	
Electrical Contractor Inform	nation
Description of Work Wire - House Service S	ize <u>200</u> Amps T-PoleYesNo
Donald Arndrong Fledrician	910 308 9701
Electrical Contractor's Company Name	Telephone
· ·	amstrong of SI Oychoo, com
Address	Email Address
License #	
Mechanical/HVAC Contractor In	<u>formation</u>
Description of Work By Owner	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Inform	
Description of Work By Owner	# Baths
<u> </u>	
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License # Insulation Contractor Inform	astion
	in the second se
Insulation Contractor's Company Name & Address	Telephone
MISUGUAL SUMMALIA SUMMINGUY MAMBE & MUULUU	, -(**)

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 2126/12 Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Owner Officer/Agent of the Contractor or Owner General Contractor 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 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 TRAUELERS

Cut De 100NER Date 03/26/72

I hereby certify that I have the authority to make necessary application that the application is correct

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 #

## **Application for Residential Building and Trades Permit**

Owner's Name JAMES & Juliana Myers  Site Address Hillman Grove Road	Date April 20
Site Address Hillman Grove Road	Date April 20 Phone 910 346-8760
Directions to job site from Lillington ON FILE	110 2261-8705
Subdivision 71/A	Lot 2 A
Subdivision 71/A  Description of Proposed Work HOUSE FOUNDATTO	A George TT # of Badrooms
Heated SF Unheated SF Finished Bonus R General Contractor Info	ormation
Building Contractor's Company Name	(919) 300-1120 Telephone (919) 455-6181 CSDETTY 3006 @ yahoo. ( Email Address
Building Contractor's Company Name	Telephone (919) 455-618/
Clayton, NC	Csperry 2006 @ vahoo.
Address	Email Address
2.65010	FAX 919 300-1121
License #	
Description of Work Service	romation ce Size Amps T-Pole Yes No.
	7411ps 1-1 010105140
Outiana Myeut Electrical Contractor s Company Name	Telephone
Electrical Contractor Schompany Hame	relephone
Address	Email Address
License #  Mechanical/HVAC Contractor	or Information
Description of Work	
Mediana Myses Medianical Contractor's Company Name	Telephone
Mechanical Contractors Company Name	relephone
Address	Email Address
License #	for war about
Plumbing Contractor In	
Description of Work	# Baths
Plumbing Contractor's Company Name	
Plumbing Contractor s Coppany Name	Telephone
Address	Email Address
License #	
Insulation Contractor In	<u>formation</u>
Insulation Contractor & Company Name & Address	
The state of the s	Telephone

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

4 april 10, 2012 Tues Signature of Owner/Contractor/Officer(s) of Corporation

The u	Affidavit i ndersigned applicant being t		Compensation N C	GS 87-14	
-	General Contractor	Owner	Officer/Agent of t	he Contractor or Owner	
	reby confirm under penalties th in the permit	s of perjury that th	e person(s) firm(s) or o	corporation(s) performing the work	
	Has three (3) or more empl	oy <del>ee</del> s and has ob	otained workers compe	nsation insurance to cover them	
them	Has one (1) or more subcor	ntractors(s) and h	as obtained workers co	ompensation insurance to cover	
coveri	Has one (1) or more subcorng themselves	ntractors(s) who h	as their own policy of v	vorkers compensation insurance	
	Has no more than two (2) e	mployees and no	subcontractors		
Depar to issu		y require certificat	tes of coverage of work	that the Central Permitting er s compensation insurance prior ny person firm or corporation	
Comp	any or Name				
Sign v	V/Title Juliana	Muses		Date <u>april 10,12</u>	

32 X 56 4Bdn Log Home 3-26-12 Plan Box # Job Name App # 125 00 28489 Valuation 193,22/n SQ Feet 397Inspections 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 Roughin Rough In Insulation Insulation Insulation Final Final Final >2500 L >2500 >2500 Envir. Health New Tank Foundation Survey  $N_{0}$ **Additions / Other** Footing\_ Foundation\_ Slab\_\_\_\_

Mono\_\_\_

Rough In\_

Insulation

Final

Open Floor\_

Application #	· .
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Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application)

	Phone
Owner (s) of	Structure:Phone:
Owner (s) Ma	iling Address:
Land Owner	Name (s):Phone:
Construction	or Site Address:
PIN #	Parcel #
Job Cost:	Description of Work to be done
Mechanical:	New Unit With Ductwork New Unit Without Ductwork Gas Piping Other
Electrical*:	200 Amp <200 Amp Service Change Service Reconnect Other * For Progress Energy customers we need the premise number
Plumbing:	Water/Sewer Tap Number of Baths Water Heater
Specific Direct	etions to Job from Lillington:
Subdivision:	Lot #:
1 MIKE	tractors Name)  ELECTRICAL labor on this structure.  (Trade)
I am the build	ing owner or my NC state license number is 76002, which entitles me to
perform such	work on the above structure legally. All work shall comply with the State Building Code and all
	ole State and local laws, ordinances and regulations.
	010 4/22 27/0
CAROL	INA CULTENT Telephone
Contractor's	Company Name  THUSTOCK DR AFEX NC. 27539  CAROUNA CUTTENT @GMAILICOM  Email Address
Address	Email Address
16000	
License #	
	Date: 08/92/12
Structure Ow	ner / Contractor Signature:

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

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

Owner (s) of Structure: James & Julian Meyer Phone: 919-366-8760
Owner (s) Mailing Address: 6492 Phillip Church Rd Raford N.C.
28376
Construction or Site Address: 4220 - Hillman Grave church Rel. Cameron N.C.
PIN #Parcel #
Job Cost: 12,500 Description of Work to be done Install 3 1/2 - Ton - unit
Down stairs and 2- Ton- upstairs
Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other
Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other  * For Progress Energy customers we need the premise number
Plumbing: Water/Sewer Tap Number of Baths Water Heater
Specific Directions to Job from Lillington:
Subdivision:Lot #:
(Contractors Name) Will provide the Heast of Air-Condition labor on this structure.
I am the building owner or my NC state license number is 20014 , which entitles me to
perform such work on the above structure legally. All work shall comply with the State Building Code and all
other applicable State and local laws, ordinances and regulations.
Ranfell Ruhala Heat + Air Conliting 252-445-4630/252-883-5029  Contractor's Company Name  Telephone
467- will Richardson Rd Fatiell N.C. 27833  Address  Email Address
20014
License #
0 0.00 0.10 - 0 20 10
Structure Owner / Contractor Signature: Landell Richala Date: 9-26-12  By signing this application you affirm that you have obtained permission from the above listed license holder to

\*Company name, address, & phone must match information on license

the listed property for 12 months after completion of the listed work.

Alleh 1-24-13

Application # 12 500 284

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application)

	Phone:
Owner (s) of Str	ructure:Phone
Owner (s) Mailir	ructure:ng Address:
. Owner Na	Filono:
Land Owner No	Site Address:
Construction or	Parcel #
PIN #	Site Address:Parcel#
	Mark to be done
Job Cost:	Description of Work to be define
	New Unit With Ductwork New Unit Without Ductwork Gas Piping Other  200 Amp <200 Amp Service Change Service Reconnect Other
Electrical*:	For Progress Energy customer Baths Water Heater
Plumbing:	Water/octron
Specific Directi	ions to Job from Lillington:
3	
I Abraha (Cont I am the buildi perform such other applicab	Lot #:    Lot #:   labor on this structure.   Tractors Name   (Trade)     Ing owner or my NC state license number is 24256, which entitles me to     Work on the above structure legally. All work shall comply with the State Building Code and all     State and local laws, ordinances and regulations.   252-813-1824     Company Name   Telephone     Huy 48 Fnleilul N.C. 27833     Email Address
24256 License #	
FIGEII36 #	per / Contractor Signature: Lelohe 2 Date: 1-16-13
Structure Own	per / Contractor Signature:
By signing thi purchase per the listed pro	is application you affirm that you have obtained permission from the above listed license holds. It is application you affirm that you have obtained permission that you cannot rent, lease or sell mits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell perty for 12 months after completion of the listed work.

Faxed on 6-25-13

Application # 17500 24 469

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor (Individual Trade Application)

910-366-8760
Owner (s) of Structure:
Owner (s) Mailing Address: Comero N , NL 25376  Phone: 910 - 366 - 5767
Land Owner Name (s): Tanes Meyers Phone: 910-366-8760  Land Owner Name (s): Tanes Meyers Pd Careron, NC
Construction or Site Address: 4067 Itillmon Grove Rd Careron, NC
Construction or Site AddressParcel #
PIN#
Job Cost: 1200,00 Description of Work to be done Propane Cas pipping to gas  bgs + generator (appliances installed by General Contractor, + all ready in place
Lac + senerator (goolignees installed by General Contractor)
5065 4 4 4 Cose Pining VOther
Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other
Service Recullited
Electrical*: 200 Amp <200 Amp Service Change Service Chang
Number of Baths
Specific Directions to Job from Lillington: 24/27 to Caneron / Johnsonville Q Stop sign take Rt, 151 1847 02
Hill man Grove Rd., 2-3 miles an left
Lot #:
Subdivision:
labor on this structure.
Dave Louse   will provide the <u>Cras ριρρίκη</u> labor on this structure.  (Contractors Name)
Which entities the to
I am the building owner or my NC state license number is
natorm such work on the above structure regardy
other applicable State and local laws, ordinances and regulations.  919-775-565
Tolorhope Tolorhope
Contractor's Company Name 17-3 S. Horner Blud, Sanford Email Address
1703 S. Horner Blud, Santore Email Address
Address
72196
License # Date: 6-25-13
Structure Owner / Contractor Signature:
Structure Owner / Contractor Signature:   No. 100 permission from the above listed license holder to By signing this application you affirm that you have obtained permission from the above listed license holder to By signing this application you affirm that you have obtained permission from the above listed license holder to By signing this application you affirm that you have obtained permission from the above listed license holder to By signing this application you affirm that you have obtained permission from the above listed license holder to By signing this application you affirm that you have obtained permission from the above listed license holder to By signing this application you affirm that you have obtained permission from the above listed license holder to By signing this application you affirm that you have obtained permission from the above listed license holder to By signing this application you affirm that you have obtained permission from the above listed license holder to be application of the properties of the permission
By signing this application you affirm that you have obtained permission from the above listed liberated by signing this application you affirm that you cannot rent, lease or sell purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.
the listed property for 12 months after complete

Contractor  Certification of Work Performed By Owner/Contractor  (Individual Trade Application)  Phone:  Phone:  Phone:
Owner (s) of Structure:
Owner (s) of Structure:  Owner (s) Mailing Address:
Land Owner Name (s):
Land Owner Name (s):  Construction or Site Address:  PiN #  Parcel #
Parcel #
PIN#
Job Cost:Description of Work to be done
Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other Service Reconnect Other
Electrical*: 200 Amp <200 Amp Service Change Solved  * For Progress Energy customers we need the premise number  * Water Heater
Plumbing: Water/Sewer Tap Number of Battis
Specific Directions to Job from Lillington:
Spearit 2
Lot #:
Subdivision:
Subdivision:    Mike Simpson Will provide the Pombine labor on this structure.  (Trade)  (Contractors Name)    Iam the building owner or my NC state license number is 12-5-00 284 Which entitles me to labor of the above structure legally. All work shall comply with the State Building Code and all
Lam the building owner or my NC state license number is 1/2 - 3 - 4 - 4 - 5 tate Building Code and all
auch work on the above structure 75
" - ble State and local laws, Ordinalices and to s
other applicable state and local tarts, 910 245 34 83
J. MESON Backhee Telephone
Centractor's Company Name
288 Eddie Mhane Vassass
Address
14496
License #
Date: 21 JUPSE 1)
Structure Owner / Contractor Signature: Owner / Contractor Signatu
Structure Owner / Contractor Signature:  By signing this application you affirm that you have obtained permission from the above listed license holder to By signing this application you affirm that you have obtained permission from the above listed license holder to By signing this application you affirm that you have obtained permission from the above listed license holder to by signing this application you affirm that you have obtained permission from the above listed license holder to by signing this application you affirm that you have obtained permission from the above listed license holder to by signing this application you affirm that you have obtained permission from the above listed license holder to be significant.

Our plumber contractor is being Replaced due to incompetence, included the solid waster out the plumbed the solid waster out the wrong side at the house.

27 Jone 13 Jans Comps