

Plan Box # F3

Date 7-19-12

Job Name Banah Hermes

App # 1250029300

Valuation 89,466

SQ Feet 1377

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 _____

Envir. Health _____

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____

09/09/11

Application #

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

12-50029300

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 Craig Byrd Date 7-18-12
Site Address UNKNOWN (TBD) Phone 910-813-0194
Directions to job site from Lillington 401 south to Bunnlevel. TR on MSWELL Hobb Rd. Left on Wire Rd. Right on Will Lucas Rd. 3 miles on left.
Subdivision N/A Lot 3
Description of Proposed Work SFD # of Bedrooms 2
Heated SF 1070 Unheated SF 264 Finished Bonus Room? NA Crawl Space Slab

General Contractor Information

Banah Homes Inc. 910-813-0194
Building Contractor's Company Name Telephone
2703 Will Lucas Rd Linden N.C. banahhomesinc@aol.com
Address 28356 Email Address
56520
License #

Electrical Contractor Information

Description of Work Service Size 200 Amps T-Pole Yes No
Mabry's Electrical ser 919-639-4837
Electrical Contractor's Company Name Telephone
Angier N.C.
Address Email Address
150777L
License #

Mechanical/HVAC Contractor Information

Description of Work
Rad Food Heating & Air 919-427-7463
Mechanical Contractor's Company Name Telephone
Clayton N.C.
Address Email Address
22024
License #

Plumbing Contractor Information

Description of Work # Baths
Gibert Plumbing Co. 910-214-1274
Plumbing Contractor's Company Name Telephone
Dunn N.C.
Address Email Address
10929
License #

Insulation Contractor Information

Tri-City 910-486-8855
Insulation Contractor's Company Name & Address Telephone

*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

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

7-18-12
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 Banah Homes Inc.

Sign w/Title Craig Byrd President Date 7-18-12

