

Fieldstone Sub P.V #6

7.0X68 3 Bdr SFA ~~ABR/BEL/UBA~~

Date 2-25-14

Plan Box # A-1

Job Name Buildere at work

App # 14500 32984 SFA  
14500 32998 Not ban

Valuation \$ 362142

ted SQ Feet 4962  
Garage 612

Inspections for SFD/SFA Not ban

SFD 5.574

Crawl      Slab X Mono      Basement X

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey No Envir. Health New Tanks Other     

Additions / Other

768 - garage

- Footing
- Foundation
- Slab
- Mono
- Open Floor
- Rough In
- Insulation
- Final

09/09/11

Application #

14500 32984

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 Dannell Cross Date 2/21/2014

Site Address 410 Fieldstone Drive Holly Springs NC 27540 Phone 919-422-3726

Directions to job site from Lillington Left on Piney Grove with turn rd right on OC West at on Hwy 42 Left on Wade Street at into Field

Subdivision Fieldstone Farm Lot 6

Description of Proposed Work JFD # of Bedrooms \_\_\_\_\_

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room?  Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

General Contractor Information

Builder's at work Inc. 919-422-3726

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address 112 Walnut Drive Benson NC 27504 Email Address KJoseph@aFmRealty.com

License # \_\_\_\_\_

Electrical Contractor Information

Description of Work New Service Size \_\_\_\_\_ Amps T-Pole  Yes \_\_\_\_\_ No \_\_\_\_\_

Electrical Contractor's Company Name Jeff Willis Electric Telephone 919 422-4914

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # 15644

Mechanical/HVAC Contractor Information

Description of Work New \_\_\_\_\_

Mechanical Contractor's Company Name Stephenson Heating & Air Telephone 919 329 0686

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # 18644

Plumbing Contractor Information

Description of Work New # Baths 4

Plumbing Contractor's Company Name JC Wilkins Telephone 919 639-6201

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # 10421P

Insulation Contractor Information

Insulation Contractor's Company Name & Address Best Way Insulation 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

Karen Russell  
Signature of Owner/Contractor/Officer(s) of Corporation

2/21/2014  
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 Builders at Work Inc

Sign w/Title Karen Russell President Date 2/21/2014

HARNETT COUNTY CENTRAL PERMITTING  
P.O. BOX 65  
LILLINGTON, NC 27546  
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793  
Bldg Insp scheduled before 2pm available next business day.

Application Number . . . . . 14-50032984 Date 3/14/14  
Property Address . . . . . 410 FIELDSTONE DR  
PARCEL NUMBER . . . . . 05-0635- - -0058- -08-  
Tenant nbr, name . . . . . REF DET GAR 14-5-32998  
Application type description CP NEW RESIDENTIAL (SFD)  
Subdivision Name . . . . . FIELDSTONE FARMS  
Property Zoning . . . . . RES/AGRI DIST - RA-40

Owner	Contractor
-----	-----
CROSS DARRELL A& CAROL S	BUILDERS AT WORK INC
410 FIELDSTONE DRIVE	112 WALNUT DR
HOLLY SPRINGS NC 27540	BENSON NC 27504
	(919) 207-2133

Applicant  
-----  
CROSS DARRELL A #6

--- Structure Information 000 000 50X68 3BDR 2BATH W BSMNT& 32X32 DET GAR  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 3.00  
PROPOSED USE SFD  
SEPTIC - EXISTING? NEW TANK  
WATER SUPPLY COUNTY

Permit . . . . . BLDG,MECH,ELEC,PLB,INSU PERMIT  
Additional desc . .  
Phone Access Code . . 1022052  
Issue Date . . . . . 3/14/14 Valuation . . . . . 0  
Expiration Date . . 3/14/15

Special Notes and Comments  
T/S: 02/26/2014 10:51 AM VBROWN ----  
FIELDSTONE DRIVE, FIELDSTONE FARMS #6.  
401N, LEFT ON PINEY GROVE WILBORN RD,  
42W, LEFT ON WADE STEPHENSON RD, TAKE  
1ST RIGHT ON FIELDSTONE DRIVE.  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB  
INSULATION AND LAND USE.  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Work must conform and comply with the  
STATE BUILDING CODE and all other State  
and local laws, ordinances & regulations

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Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT

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 Phone Access Code . . . 1022052

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
20	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
20-999	113	B113	R*BLDG WATER/DAMP PROOFING	_____	___/___/___
20-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30-999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	___/___/___
30-999	105	B105	R*OPEN FLOOR	_____	___/___/___
30-999	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
40-50	129	I129	R*INSULATION INSPECTION	_____	___/___/___
40-60	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
40-60	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
40-60	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
40-60	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
50-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
50-60	131	R131	ONE TRADE FINAL	_____	___/___/___
50-60	329	R329	THREE TRADE FINAL	_____	___/___/___
50-60	229	R229	TWO TRADE FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___