

Initial Application Date: 10-8-15

Application # 15500 37259

CU# \_\_\_\_\_

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

**\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\***

LANDOWNER: Charles Thomas Mailing Address: 412 Bailey Thomas Rd  
City: Sanford State: NC Zip: 27332 Contact No: (919) 770-2894 Email: \_\_\_\_\_

APPLICANT\*: Jennifer T Goldberg Mailing Address: 5948 Ponderosa Rd  
City: Sanford State: NC Zip: 27332 Contact No: (919) 770-7446 Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Jennifer Goldberg Phone # (919) 770-7446

PROPERTY LOCATION: Subdivision: Joshua & Jennifer Goldberg Lot #: 7 Lot Size: 3.20 AC  
State Road # 1186 State Road Name: Bailey Thomas Rd Map Book & Page: 2015/ 309  
Parcel: 09 9568 5005 04 PIN: 9568-48-2498-000  
Zoning: R220R Flood Zone: X Watershed: NA Deed Book & Page: Letter Power Company\*: \_\_\_\_\_

\*New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

**PROPOSED USE:**

SFD: (Size 56 x 33) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): \_\_\_\_\_ Garage:  Deck:  Crawl Space:  Slab: \_\_\_\_\_ Slab: \_\_\_\_\_  
(Is the bonus room finished? ( ) yes (  ) no w/ a closet? ( ) yes (  ) no (if yes add in with # bedrooms)

Mod: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/wo bath) \_\_\_\_\_ Garage: \_\_\_\_\_ Site Built Deck: \_\_\_\_\_ On Frame \_\_\_\_\_ Off Frame \_\_\_\_\_  
(Is the second floor finished? ( ) yes ( ) no Any other site built additions? ( ) yes ( ) no

Manufactured Home: \_\_\_\_\_ SW \_\_\_\_\_ DW \_\_\_\_\_ TW (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ Garage: \_\_\_\_\_ (site built? \_\_\_\_\_) Deck: \_\_\_\_\_ (site built? \_\_\_\_\_)

Duplex: (Size \_\_\_\_\_ x \_\_\_\_\_) No. Buildings: \_\_\_\_\_ No. Bedrooms Per Unit: \_\_\_\_\_

Home Occupation: # Rooms: \_\_\_\_\_ Use: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees: \_\_\_\_\_

Addition/Accessory/Other: (Size \_\_\_\_\_ x \_\_\_\_\_) Use: \_\_\_\_\_ Closets in addition? ( ) yes ( ) no

Water Supply:  County \_\_\_\_\_ Existing Well \_\_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*Must have operable water before final

Sewage Supply:  New Septic Tank (Complete Checklist) \_\_\_\_\_ Existing Septic Tank (Complete Checklist) \_\_\_\_\_ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? ( ) yes (  ) no

Does the property contain any easements whether underground or overhead (  ) yes ( ) no

Structures (existing or proposed): Single family dwellings: 1 SFD Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

Front Minimum 35 Actual 68  
Rear 25 25+  
Closest Side 10 232  
Sidestreet/corner lot \_\_\_\_\_  
Nearest Building on same lot \_\_\_\_\_

Comments: \_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: \_\_\_\_\_

421 North ~~Swann Station Rd~~

~~Swann Station Rd~~

left on Swann Station Rd

left on McDougald Rd

right on Bailey Thomas Rd

about 1/4 mile on the left

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Jennifer T. Volobuev  
Signature of Owner or Owner's Agent

10-8-15  
Date

\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\*

\*\*This application expires 6 months from the initial date if permits have not been issued\*\*

AS  
ARNETT CO.)  
ETT CO.)  
ARNETT CO.)

AS III  
ARNETT CO.)  
ARNETT CO.)  
(HARNETT CO.)

HALL  
ARNETT CO.)  
NETT CO.)  
ARNETT CO.)

CONTROL CORNER "B"  
N.C. GRID COORDINATES (NAD 83)  
N= 588,670.32 U.S. SURVEY FEET  
E= 1,964,411.21 U.S. SURVEY FEET

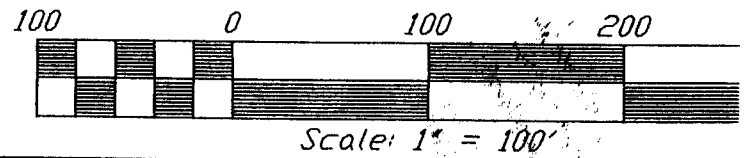
SITE PLAN APPROVAL  
DISTRICT RA20R USE SFD  
BEDROOMS 3  
Date: 10-8-15  
Zoning Administrator

HARRY M. THOMAS  
D.B. 1416, PG. 453 (HARNETT CO.)  
PIN 9568-38-4528 (HARNETT CO.)

CONTAINS 3.20 ACRES  
BY COORDINATE METHOD

LARRY THOMAS  
D.B. 3278, PG. 3278, (HARNETT CO.)  
P.C. 2, SL. 362 (HARNETT CO.)  
PIN 9568-38-5127 (HARNETT CO.)

LARRY THOMAS  
D.B. 2013E, PG. 114, (HARNETT CO.)  
PIN 9568-37-8544 (HARNETT CO.)



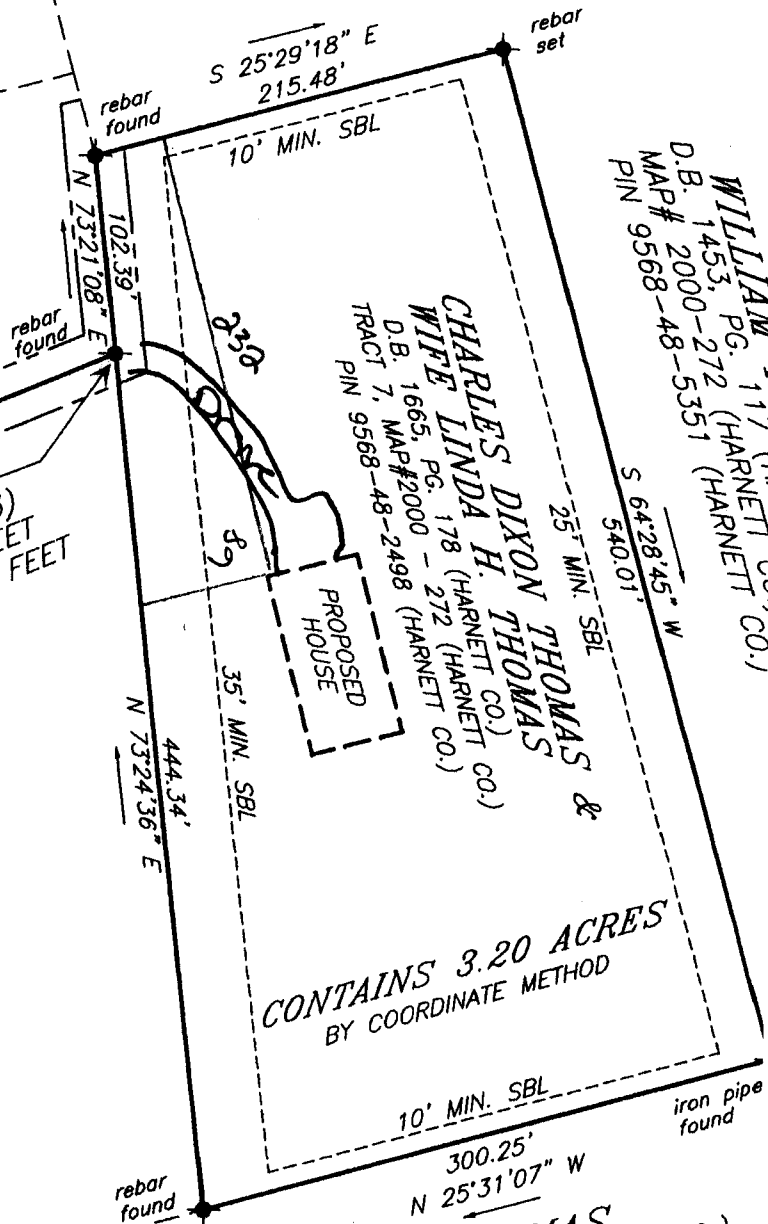
TH CAROLINA COUNTY OF HARNETT

Shirley K. Bennett  
REVIEW OFFICER OF HARNETT COUNTY  
THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED  
TORY REQUIREMENTS FOR RECORDING.  
Shirley K. Bennett  
REVIEW OFFICER

I, MITCHELL W. COLE, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION THAT BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES DRAWN FROM DEEDS AS INDICATED; THAT THE RATIO OF PRECISION AS CALCULATED IS 1: 10,000+; THAT THIS PLAT WAS DRAWN IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 12 TH DAY OF MARCH, A.D., 2015.  
I, MITCHELL W. COLE FURTHER CERTIFY THAT THIS PLAT IS OF AN EXISTING PARCEL OR PARCELS OF LAND.

WILLIAM 117 (HARNETT CO.)  
PG. 1453 (HARNETT CO.)  
D.B. 2000-272 (HARNETT CO.)  
MAP# 2000-48-5351 (HARNETT CO.)  
PIN 9568-48-5351 (HARNETT CO.)

CHARLES DIXON THOMAS &  
WIFE LINDA H. THOMAS  
D.B. 1665, PG. 178 (HARNETT CO.)  
WIFE LINDA H. THOMAS (HARNETT CO.)  
TRACT 7, MAP# 2000-2498 (HARNETT CO.)  
PIN 9568-48-2498 (HARNETT CO.)



NAME: \_\_\_\_\_

APPLICATION #: \_\_\_\_\_

**\*This application to be filled out when applying for a septic system inspection.\***

**County Health Department Application for Improvement Permit and/or Authorization to Construct**

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

910-893-7525 option 1

CONFIRMATION # \_\_\_\_\_

**Environmental Health New Septic System** Code 800

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code **800** (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

**Environmental Health Existing Tank Inspections** Code 800

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- After uncovering **outlet end** call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code **800** for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

**SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted       Innovative       Conventional       Any
- Alternative       Other \_\_\_\_\_

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES     NO    Does the site contain any Jurisdictional Wetlands?
- YES     NO    Do you plan to have an irrigation system now or in the future?
- YES     NO    Does or will the building contain any drains? Please explain. \_\_\_\_\_
- YES     NO    Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
- YES     NO    Is any wastewater going to be generated on the site other than domestic sewage?
- YES     NO    Is the site subject to approval by any other Public Agency?
- YES     NO    Are there any Easements or Right of Ways on this property?
- YES     NO    Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

**I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.**

**I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.**

Jennifer T. Goldberg  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10-8-15  
DATE

## Jennifer Brock

---

**From:** Thomas, Linda <Linda.Thomas@Pentair.com>  
**Sent:** Thursday, October 08, 2015 11:50 AM  
**To:** Jennifer Brock  
**Cc:** Thomas, Charlie  
**Subject:** Jennifer & Josh Goldberg

Jennifer,

Per our conversation this morning, we give permission for the land that we have in Harnett County to be perked for Jennifer Goldberg & Josh Goldberg. Please let me know if you require anything else on this.

Thank you for your help.

Thanks,

**Linda Thomas**  
Accounts Payable

### **Pentair Water Quality Systems**

1620 Hawkins Ave.  
Sanford, NC 27330, USA  
Office 1 919 566 8319  
Fax 1 866 260 0730  
[linda.thomas@pentair.com](mailto:linda.thomas@pentair.com)

[www.pentairpool.com](http://www.pentairpool.com)

[www.staritepool.com](http://www.staritepool.com)

poolFyi | [twitter](#) | [facebook](#) | [youtube](#)

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Confidentiality Note: This e-mail message and any attachments to it are intended only for the named recipient(s) and may contain information that is privileged, confidential, or otherwise protected from disclosure. If you are not one of the intended recipients, or if you have received this communication in error, do not duplicate or forward this e-mail message and/or its attachments. If you received this email in error, please notify the sender immediately by reply email and delete the original email and any attachments from your computer. Thank you.

09/09/11

Application #

37259

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 JENNIFER + JOSH GOLDBERG Date 4-8-16

Site Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to job site from Lillington US 421 N - LEFT ON SWAMP STATION RD  
LEFT ONTO MCDOWELL RT RIGHT ONTO BAILEY THOMAS ROAD

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work RESIDENTIAL DWELLING NEW CONSTRUCTION # of Bedrooms 3

Heated SF 1810 Unheated SF 529 Finished Bonus Room? NO Crawl Space X Slab \_\_\_\_\_

**General Contractor Information**

VALUE BUILD HOMES 919-777-0393  
Building Contractor's Company Name Telephone  
3015 S JEFFERSON DAVIS HWY SAYFORD NC will@valuebuildhomes.com  
Address 27332 Email Address  
55372  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work ROUGH IN AND FINAL Service Size 200 Amps T-Pole X Yes \_\_\_ No \_\_\_  
SANDY RIDGE ELECTRIC 910-323-2458  
Electrical Contractor's Company Name Telephone  
454 WHITEHEAD RD, FAYETTEVILLE 28306  
Address Email Address  
130006 ✓  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work ROUGH IN AND FINAL  
TOTAL SYSTEMS 910-436-3450  
Mechanical Contractor's Company Name Telephone  
13341 HWY 2105 SPRING LAKE NC 28390  
Address Email Address  
NC 28846  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work ROUGH IN AND FINAL # Baths 2  
VANCE PLUMBING 910-424-6712  
Plumbing Contractor's Company Name Telephone  
3242 MID PINE RD FAYETTEVILLE NC 28306  
Address Email Address  
7756 P1  
License # \_\_\_\_\_

**Insulation Contractor Information**

TRI CITY INSULATION 910-486-8855  
Insulation Contractor's Company Name & Address Telephone  
LICENSE# 200000041733 334 EAST MVT DR FAYETTEVILLE NC 28306

\*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

Will Terhune  
Signature of Owner/Contractor/Officer(s) of Corporation

4-8-16  
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 VALUE BUILD HOMES

Sign w/Title PERMITTING AGENT Will Terhune Date 4-8-16

DO NOT REMOVE!

## Details: Appointment of Lien Agent

Entry #: 449911

Filed on: 04/13/2016

Initially filed by: valuebuild

### Designated Lien Agent

Investors Title Insurance Company

Online: [www.liensnc.com](http://www.liensnc.com) (<http://www.liensnc.com>)

Address: 19 W. Hargett St., Suite 507 / Raleigh,  
NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: [support@liensnc.com](mailto:support@liensnc.com) (<mailto:support@liensnc.com>)

### Project Property

Bailey Thomas Road  
Sanford, NC 27332  
Harnett County

### Property Type

1-2 Family Dwelling

### Print & Post



#### Contractors:

Please post this notice on the Job Site.

#### Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

### Owner Information

Jennifer & Josh Goldberg

5948 Ponderosa Road  
Sanford, NC 27330

United States

Email: [Will@valuebuildhomes.com](mailto:Will@valuebuildhomes.com)

Phone: 919-777-0393

View Comments (0)

Technical Support Hotline: (888) 690-7384



Plan Box # File

Date 4-21-16  
Job Name Goldberg/Value Build

App # 37259

Valuation 173,760

SQ Feet 1810

Garage 420

= \_\_\_\_\_

**Inspections for SFD/SFA**

Crawl  Slab \_\_\_\_\_ Mono \_\_\_\_\_ Basement \_\_\_\_\_

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       Other \_\_\_\_\_



**Additions / Other**

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Open Floor \_\_\_\_\_

Rough In \_\_\_\_\_

Insulation \_\_\_\_\_

Final \_\_\_\_\_

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 . . . . . 15-50037259 Date 4/27/16  
Property Address . . . . . 78352 \*UNASSIGNED  
PARCEL NUMBER . . . . . 09-9568- - -5005- -06-  
Application type description CP NEW RESIDENTIAL (SFD)  
Subdivision Name . . . . .  
Property Zoning . . . . . PENDING

Owner Contractor  
-----  
THOMAS CHARLES D & LINDA H VALUE BUILD HOMES  
412 BAILEY THOMAS RD LANDMARK HOMES OF  
SANFORD NC 27330 PINEHURST, LLC, T/A  
WEST END NC 27376  
(910) 673-2567

Applicant  
-----  
GOLDBERG JENNIFER T  
5948 PONDEROSA RD  
SANFORD NC 27332  
(919) 770-7446

--- Structure Information 000 000 56X33 3BDR CRAWL W/ GARAGE & DECK  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 3000000.00  
PROPOSED USE SFD  
SEPTIC - EXISTING? NEW TANK  
WATER SUPPLY NEW WELL

-----  
Permit . . . . . BLDG,MECH,ELEC,PLB,INSU PERMIT  
Additional desc . . . . .  
Phone Access Code . 1136522  
Issue Date . . . . . 4/27/16 Valuation . . . . . 0  
Expiration Date . . . . . 4/27/17

-----  
Special Notes and Comments  
T/S: 10/08/2015 12:03 PM JBROCK ----  
421 N L ON SWANN STATION RD L ON  
MCDOUGALD RD R ON BAILEY THOMAS RD  
ABOUT 1/4 MILE ON THE L  
XX  
PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB  
INSULATION AND LAND USE.  
XX  
Work must conform and comply with the  
STATE BUILDING CODE and all other State  
and local laws, ordinances & regulations

-----  
\_\_\_\_\_  
\_\_\_\_\_

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 . . . . .	15-50037259	Page	2
Property Address . . . . .	78352 *UNASSIGNED	Date	4/27/16
PARCEL NUMBER . . . . .	09-9568- - -5005- -06-		
Application description . . .	CP NEW RESIDENTIAL (SFD)		
Subdivision Name . . . . .			
Property Zoning . . . . .	PENDING		
Permit . . . . .	BLDG,MECH,ELEC,PLB,INSU PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1136522		

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	_____	___/___/___
20-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30-999	105	B105	R*OPEN FLOOR	_____	___/___/___
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	_____	___/___/___
50-60	209	E209	R*ELEC TEMP POWER CERT	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___

09/09/11

Application #

1550037259

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PO Box 65 Lillington NC 27546  
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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 JOSH GOLDBERG Date 6-2-16  
Site Address 299 BAILEY THOMAS RD SAYFORD NC 27332 Phone 919-777-0393  
Directions to job site from Lillington \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

VALUEBUILD HOMES 919-777-0393  
Building Contractor's Company Name Telephone  
3015 S JEFFERSON DAVIS HWY SAYFORD NC 27332 WILL@VALUEBUILDHOMES.COM  
Address Email Address  
55372  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole \_\_\_ Yes \_\_\_ No  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_ CHANGED FROM TOTAL SYSTEMS

**Mechanical/HVAC Contractor Information**

Description of Work HVAC ROUGH IN AND FINAL  
CAROLINA COMFORT AIR 919-333-1069  
Mechanical Contractor's Company Name Telephone  
5212 HWY 70 BUS, CLAYTON NC 27520 JOSH@CAROLINACOMFORT.COM  
Address Email Address  
31589H3C2  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

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