Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7526 Fax 910 893 2793 www harnett org/permits

Applicat	ion#	
3-	13	70

Each section below to be filled out by whomever performing work Must be owner or licensed contractor. Address company

Application for Residential Building and Trades Permit

me & (phone must match	UC Date 12-14-15						
	Owner's Name // W/Let Place Du He-S							
	Site Address 3109 10. Main 5+ Hope 11/13 NO	12834 Frome 109872 90						
	Directions to job site from Lillington Tide Kd Kt	on Maket Place Dr						
	LE on Blue Chp							
	- 1 1 Pr	153						
	Subdivision Market Flack	Lot						
	Description of Proposed Work	# of Bedrooms						
/	Heated SF Finished Bonus Room?	Crawl Space Slab						
	M. V. F. General Contractor Information	911) 98 72400						
V	Building Contractor's Company Name	Telaphone IDI						
	See Above	Muket Place Brides						
	Address	Email Address						
	108/06	/						
	License # Electrical Contractor Information							
	Description of Work Service Size	Amps T-Pole Yes No						
	Kingled Ele.	1(003/5610 Telephone						
	Flectrical Contractor's Company Name P.D.Sox 65074 Gry NC 28306	Telephone						
	Address	Email Address						
	20555							
	Livense #	etion						
	Mechanical/HVAC Contractor Inform							
	Description of Work	910624-7155						
\	Mechanical Contractor's Company Name	Telephone						
\vee	620 Fair St Fax NC 28306							
	Address	Email Address						
	2005 H3 Class							
License # Plumbing Contractor Information								
	Description of Work	# Baths						
	Kersin Joses Plumbia	9109872900						
\vee	Plumbing Contractor's Company Name	Telephone						
	68 A Family St Fay 110035F	Email Address						
	Address P-	Liligh Padi 500						
	Accense #							
	Insulation Contractor Information	912 4184 7118						
\	(unbor and Insulation	Telephone						
`	Insulation Contractor's Company Name & Address							

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 see schedule Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the General Contractor Officer/Agent of the Contractor or Owner 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 Date 12-14-15 Sign w/Title

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 Hamett 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.

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 15-50037371 Date 1/04/16 Property Address 89 BLUE CHIP CT
PARCEL NUMBER . . 03-9597- - -0056- -30Application type description CP NEW RESIDENTIAL (SFD) Subdivision Name MARKET PLACE Property Zoning RES/AGRI DIST - RA-20R Contractor Owner ______ MARKETPLACE BUILDERS TRACE HOMES INC 3102 N MAIN STREET 3857 LEGION RD NC 28348 HOPE MILLS NC 28348 HOPE MILLS (910) 987-2900 Applicant ______ MARKETPLACE BUILDERS #103 3102 N MAIN ST (910) 987-2900 Structure --- Structure Information 000 000 58X42 3BDR MONO W/ GARAGE Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS
PROPOSED USE 3000000.00 SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY SFD Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . Phone Access Code . 1121375 Issue Date 1/04/16 Expiration Date . . 1/03/17Valuation ______ Special Notes and Comments T/S: 10/28/2015 01:53 PM JBROCK ----MARKETPLACE OFF OF TINGEN RD LOT 103 PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB INSULATION AND LAND USE.

Work must conform and comply with the STATE BUILDING CODE and all other State and local laws, ordinances & regulations

HARNETT COUNTY CENTRAL PERMITTING

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LILLINGTON, NC 27546

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Page Date 1/04/16 Application Number 15-50037371

Subdivision Name MARKET PLACE

Property Zoning RES/AGRI DIST - RA-20R

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1121375 ______

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10-30	814	A814	ADDRESS CONFIRMATION		//
10-999	114	B114	R*BLDG MONO SLAB/TEMP SVC POLE		//
20-999	309	P309	R*PLUMB UNDER SLAB		//
20-999	205	E205	R*ELEC UNDER SLAB		//
20	104	B104	R*FOUND & SETBACK VERIF SURVEY		//
30-50	129	I129	R*INSULATION INSPECTION		//
30-60	425	R425	FOUR TRADE ROUGH IN		//
30-60	125	R125	ONE TRADE ROUGH IN		_/_/
30-60	325	R325	THREE TRADE ROUGH IN		_/_/
30-60	225	R225	TWO TRADE ROUGH IN		//
40-60	429	R429	FOUR TRADE FINAL		//
40-60	131	R131	ONE TRADE FINAL		//
40-60	329	R329	THREE TRADE FINAL		//
40-60	229	R229	TWO TRADE FINAL		//
999		H824	ENVIR. OPERATIONS PERMIT		//