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

165 0039085

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

none must match	1./
Owners Name Constance B. Aull	Date [1]
Site Address RiverRoad, FUNC	stalight Rd-to River
	stalight 16d-to Kiver
Goad lot on left	
Subdivision Raven Ridge BM 15-	109 Lot 4
Description of Proposed Work new house	# of Bedrooms 34
Heated SF 3140 Unheated SF 563 Finished Bonus R General Contractor Info	oom? Crawl Space 🗶 Slab
Gary Hughes Construction	(919)669-5369
Building Contractor's Company Name	Telephone
3321 Old Buies Creek Road	winemakerglh@aol.com
Address	Email Address
41589	
License #	formation /
Description of Work Servi	ce Size Amps T-Pole YesNo
Electrical Contractor's Company Name	Telephone
D2 ELectrial	
Address	Email Address
24311	
License #	
Mechanical/HVAC Contractor	or Information
Description of Work	
Travis Byrd	
Mechanical Contractor's Company Name	Telephone
Four Pats AC	
Address	Email Address
286992040	
License # Plumbing Contractor In	formation
1	
Description of Work	# Baths
John Weth 3	Telephone
Plumbing Contractor's Company Name	relephone
Hugier 11 C	Email Address
Address O	Email Address
23 9 2 9	
License # Insulation Contractor.in	nformation
Tri-City Insulation	
Insulation Contractor's Company Name & Address	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 enrrent fee schedule					
1 no B /m 11/17/16					
Signature of Owner/Contractor/Officer(s) of Corporation 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 Lawy Huckes Const					
Sign w/Title Date 11-17-16					
1)					

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Property Zoning RES/AGRI DIST - RA-30 Owner Contractor ------------AULL CONSTANCE B

403 EARLY MORNING TRL

FUQUAY-VARINA

NC 27526

GARY HUGHES CONSTRUCTION

3321 OLD BUIES CREEK RDAD

ANGIER

NC 27501

(919) 639-6594 Applicant -----AULL CONSTANCE 403 EARLY MORNING TRAIL FUQUAY-VARINA NC 27526 (919) 604-0403 Structure Information 000 000 64X73 4BDR W/GARAGE W/DECK CRAWL Flood Zone FLOOD ZONE X # BEDROOMS PROPOSED USE SFD Other struct info # BEDROOMS 4.00 SEPTIC - EXISTING? NEW SEPTIC WATER SUPPLY Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . Phone Access Code . 1148303 Issue Date . . . 11/22/16 Valuation Expiration Date . . . 11/22/17 Special Notes and Comments T/S: 07/01/2016 11:14 AM LBENNETT --

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

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LILLINGTON, NC 27546

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Page Date 11/22/16

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1148303

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10 20 20-30 30-999 40-50 40-60 40-60 40-60 50-60 50-60	101 103 814 105 129 425 125 325 225 429 131	B101 B103 A814 B105 I129 R425 R125 R325 R225 R429 R131	R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE ADDRESS CONFIRMATION R*OPEN FLOOR R*INSULATION INSPECTION FOUR TRADE ROUGH IN ONE TRADE ROUGH IN THREE TRADE ROUGH IN TWO TRADE ROUGH IN FOUR TRADE FINAL ONE TRADE FINAL		//
50-60 50-60 50-60 999 999	329 229 209	R329 R229 E209 H824 H828	THREE TRADE FINAL TWO TRADE FINAL R*ELEC TEMP POWER CERT ENVIR. OPERATIONS PERMIT ENVIRO. WELL PERMIT		