

**Application for Building and Trade Permit**

Owner's Name: Calvin Brown & Keith Bulluck Date: 7-7-17  
Address: 70 Overlook Ct Angier NC 27501 Phone: 919-427-4628  
Directions to job site:  Hwy 401 N - left on Chalybeate Rd. -  
left on Baptist Grove Rd. - left on left 1/4 mile

Subdivision: Bobby B Matthews Minor Sub. Lot: 5  
Construction Type: (Please Check)  New  Renovation  Addition  Moved House  Other  
Building Use: (Please Check)  Residential  Modular  Commercial  Multi-Family

Description of Proposed Work: New Single Family  
Total Project Cost: 110,000

**Building Permit Information**

Heated SF 1374 Crawl Space   
Unheated SF 500 Slab   
Building Contractor's Company Name: Keith Bulluck Builders, Inc.  
70 Overlook Ct Angier NC 27501  
Address: [Signature]  
Signature of Officer(s) of Corporation  
Building Construction Cost \$ 110,000.  
Acres Disturbed .5 Stories 1  
Telephone: 919-427-4628  
License #: 47504

**Electrical Permit Information**

Description of Work New Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: 200 Amps  
Electrical Contractor's Company Name: Dean Electric, LLC  
2793 Baptist Grove Rd. Fuquay Varina  
Address: Austin Dean by Keith Bulluck  
Signature of Officer(s) of Corporation  
Telephone: 919-669-0063  
License #: 29839-L

**Mechanical Permit Information**

Description of Work New  
Number of Units 1 Type System HP Mechanical Cost \$ \_\_\_\_\_  
Mechanical Contractor's Company Name: Carolina Comfort Air, Inc.  
5312 US Hwy 70 Bus Clayton, NC 27530  
Address: IP move by Keith Bulluck  
Signature of Officer(s) of Corporation  
Telephone: 429077  
License # \_\_\_\_\_

**Plumbing Permit Information**

Description of Work New  
Number of Baths 2 Plumbing Cost \$ \_\_\_\_\_  
Plumbing Contractor's Company Name: L.R. Glover Plumbing, Inc.  
PO Box 764 Benson, NC 27504  
Address: L.R. Glover by Keith Bulluck  
Signature of Officer(s) of Corporation  
Telephone: 919-894-5872  
License #: 207958

**Insulation Permit Information**

Residential ( ) Other ( ) Not Required ( )  
Insulation Contractor's Company Name: Insulating Inc.  
Goldfinch, NC  
Address: \_\_\_\_\_ Telephone: 919-772-9000

**Affidavit for Worker's Compensation  
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

- 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
- \_\_\_\_\_ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
- \_\_\_\_\_ Has/have not 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.

Firm Name: Keith B. Holt Builders Inc

By/Title: President

Date: 7-7-17

**Sprinkler System Information**

Sprinkler Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ License # \_\_\_\_\_  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Fire Alarm System Information**

Fire Alarm Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ License # \_\_\_\_\_  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Driveway Access**

NC Department of Transportation Driveway Access/Permit?    Yes \_\_\_ No

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 if any changes occur including listed contractors, site plan, 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 Division of any and all changes.

 \_\_\_\_\_ Date 7-7-17

**DO NOT REMOVE!****Details: Appointment of Lien Agent**Entry #: **685143**Filed on: **07/11/2017**Initially filed by: **keithbullock****Designated Lien Agent**

Fidelity National Title Company, LLC

Online: [www.liensnc.com](http://www.liensnc.com)Address: 19 W. Hargett St., Suite 507 / Raleigh, NC  
27601

Phone: 888-690-7384

Fax: 919-489-5231

Email: [support@liensnc.com](mailto:support@liensnc.com)**Project Property**Lot 5 Bobby B. and Betty S. Matthews Minor  
Subdivision  
Fuquay-Varina, NC 27526  
Harnett County**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**Richard K. Bullock  
72 Overlook Ct  
Angier, NC 27501  
United States  
Email: [kbbinc14@gmail.com](mailto:kbbinc14@gmail.com)  
Phone: 919-639-7424**Property Type**

1-2 Family Dwelling

**Date of First Furnishing**

07/11/2017

View Comments (0)

Technical Support Hotline: (888) 690-7384

Plan Box # EL6

Date 7/7/13

Job Name Bullock

App # 41111

Valuation 131904

SQ Feet 1374

Garage 519

= 1893

**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 \_\_\_\_\_ 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.

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Application Number . . . . . 17-50041641 Date 7/12/17  
 Property Address . . . . . 237 BAPTIST GROVE RD  
 PARCEL NUMBER . . . . . 08-0643- - -0032- -04-  
 Application type description CP NEW RESIDENTIAL (SFD)  
 Subdivision Name . . . . .  
 Property Zoning . . . . . RES/AGRI DIST - RA-40

Owner

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BULLOCK R KEITH & CALVIN  
 72 OVERLOOK COURT  
 ANGIER NC 27501

Contractor

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KEITH BULLOCK BUILDERS INC.  
 72 OVERLOOK CT  
 ANGIER NC 27501  
 (919) 639-7424

Applicant

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BULLOCK KEITH  
 72 OVERLOOK CT  
 ANGIER NC 27501  
 (919) 427-4628

--- Structure Information 000 000 55X55 3BDR 2BATH W/GARAGE W/DECK CRAWL  
 Flood Zone . . . . . FLOOD ZONE X  
 Other struct info . . . . . # BEDROOMS 3.00  
 PROPOSED USE SFD  
 SEPTIC - EXISTING? NEW  
 WATER SUPPLY COUNTY

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Permit . . . . . BLDG,MECH,ELEC,PLB,INSU PERMIT  
 Additional desc . . . . .  
 Phone Access Code . . . . . 1200088  
 Issue Date . . . . . 7/12/17 Valuation . . . . . 0  
 Expiration Date . . . . . 7/12/18

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Special Notes and Comments

T/S: 06/15/2017 11:18 AM LBENNETT --  
 HWY 401 N - LEFT ON CHALYBEATE RD -  
 LEFT ON BAPTIST GROVE RD - LOT ON LEFT  
 1/4 MILE  
 XXX  
 PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB  
 INSULATION AND LAND USE.  
 XXX  
 Work must conform and comply with the  
 STATE BUILDING CODE and all other State  
 and local laws, ordinances & regulations

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Application description . . .	CP NEW RESIDENTIAL (SFD)	
Subdivision Name . . . . .		
Property Zoning . . . . .	RES/AGRI DIST - RA-40	
Permit . . . . .	BLDG, MECH, ELEC, PLB, INSU PERMIT	
Additional desc . . . . .		
Phone Access Code . . . . .	1200088	

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
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	_____	___/___/___
20-999	114	B114	R*BLDG MONO SLAB/TEMP SVC POLE	_____	___/___/___
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	_____	___/___/___
30-999	205	E205	R*ELEC 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	_____	___/___/___
50-60	209	E209	R*ELEC TEMP POWER CERT	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___
999	104	B104	R*FOUND & SETBACK VERIF SURVEY	_____	___/___/___