\* Each section below to be filled out by whomever performing work. Must be owner or incensed contractor. Address, company name & phone must match information on license.

## Application # 09 50021710 P

## Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

MICHAEL D. THOMAS **Application for Residential Building and Trades Permit** Owner's Name: MDT PROPERTY Directions to job site from Lillington: HW4 Subdivision: AND MINOR Description of Proposed Work: (2015 RUCTION) #Bedrooms Heated SF 2068 Unheated SF \_\_\_\_\_\_\_\_ Finished Rec Room? Crawl Space M Slab ( ) General Contractor Information MAS COUSTANTIN **Building Contractor's Company Name** NAK STREET LILLINGTON Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit Information
Service Size: 120 Amps TPole: yes/no Description of Work elephone Address Signature of Officer(s) of Corporation Mechanical/HVAC Permit Information Description of Work マナハ Mechanical Contractor's Company Name Telephone atol Address Signature of Officers) of Corporation **Plumbing Permit Information Description of Work** # Baths Plumbing Contractor's Company Name Telephone Address Corporation Signature of Officer(s) **Insulation Permit Information** INSILATION 7204 Insulation Contractor's Company Name & Address Telephone

## CERTIFICATE OF INSURANCE Farm Bureau Insurance of N.C., Inc. North Carolina Farm Bureau Mutual Insurance Company

NAME INSURED and **ADDRESS**  Mdt Property Management Inc 4021 South River Rd

Lillington NC 27546

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE AFFORDED BY ANY POLICY DESCRIBED HEREIN.

are in force at the date hereof, as follows: POLICY EFFECTIVE DATE (MM/DD/YY) POLICY EXPIRATION DATE (MM/DD/YY) **ALL LIMITS IN THOUSANDS POLICY NUMBER** TYPE OF INSURANCE \$ **GENERAL AGGREGATE** COMMERCIAL \$ PRODUCTS-COMP/OPS AGGREGATE \$ **PERSONAL & ADVERTISING INJURY GENERAL** \$ **EACH OCCURRENCE** LIABILITY \$ FIRE DAMAGE (ANY ONE FIRE) MEDICAL EXPENSE (ANY ONE \$ CSL **AUTOMOBILE LIABILITY** BODILY SCHEDULED AUTOS **INJURY** (PER PERSON) HIRED AUTOS **BODILY NON-OWNED AUTOS INJURY** \$ (PER ACCIDENT) GARAGE LIABILITY PROPERTY DAMAGE \$ **AGGREGATE EACH EXCESS LIABILITY OCCURRENCE UMBRELLA** \$ \$ OTHER THAN UMBRELLA **FORM** STATUTORY 6/12/2010 WC 0435209 6/12/2009 **WORKERS** \$ 100 (EACH ACCIDENT) COMPENSATION \$ 100 (DISEASE-EACH EMPLOYEE) AND NORTH CAROLINA W.C. COVERAGE ONLY \$ 500 **EMPLOYERS LIABILITY** (DISEASE-POLICY LIMIT) OTHER ADDITIONAL INSURED (IF ANY):

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS:

In the event of any material change in, or cancellation of said policies, the undersigned company will endeavor to give written notice to the party to whom this certificate is issued, but failure to give such notice shall impose no obligation nor liability upon the company.

Dated:6/12/2009

JOB LOC	ATION:
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Company:North Carolina Farm Bureau Mutual Insurance Co.

AUTHORIZED REPRESENTATIVE

**CERTIFICATE ISSUED TO:** 

NAME and **ADDRESS** 

505105-0003-0797-21

Plan Box Number  $\bigcirc / \bigcirc /$ 

Job Name <u>REEN TERRACE</u>
Duples

Date: 6 - 15-09

1634 & EA SIDE

Required Inspections for SFA/SFD

Appl. # 09 500 217/0 Valuation # 134, 36/ Sq. Feet 2068

## Sequence

_	
10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	Four Trade Rough In
40	Four Trade Rough In> 2500
40	Three Trade Rough In
40	Three Trade Rough In> 2500
40	Two Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
40	One Trade Rough In > 2500
50	R* Insulation
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit