

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

Application # 010-5-15808

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: HIGHLAND HOME BUILDERS Date: _____
Address: 80 RIDGE VIEW DR CAMERON, NC Phone: 9-499-2424
Directions to job site from Lillington: 27 TO 24W, GO 1 MILE AND TAKE LEFT IN DO SUBDIVISION
Subdivision: Highlands @ Sherwood Lot: 34
Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family
Total Project Cost: \$10,000 Description of Proposed Work: ATTACHED GARAGE

General Contractor Information

Heated SF Crawl Space () Building Construction Cost \$ \$5,000
Unheated SF Slab () Acres Disturbed _____ Stories _____
ROBERT SMITH 919 770 2608
Building Contractor's Company Name Telephone
204 Mercedes Ln Cameron NC PLIVELEGE
Address License #
Robert Smith

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information

Description of Work OUTLETS LIGHTS Electrical Cost \$ 1,000
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground Overhead () Service Size: 200 Amps
MID CAROLINA ELECTRIC 353-1100
Electrical Contractor's Company Name Telephone
117 Jackson St, Sanford 20570
Address License #
Walter Spivey
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Number of Units _____ Type System _____ Mechanical Cost \$ _____
Mechanical Contractor's Company Name Telephone _____
Address License # _____
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____
Number of Baths _____ Plumbing Cost \$ _____
Plumbing Contractor's Company Name Telephone _____
Address License # _____
Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

Insulation Contractor's Company Name & Address Telephone _____

Application # _____

Sprinkler System Information - Commercial

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information - Commercial

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 Department of any and all changes.

Terri L. Cieri
Signature of Owner/Contractor/Officer(s) of Corporation

Date

Application # _____

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

The undersigned applicant for Building Permit # _____ 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/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: HIGHLAND HOME BUILDERS

Sign/Title: Terri L. Cieri / OWNER

Date: _____

Application # DO-50015808

*Change of
Driv. license
contractor*

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 Fax 910-893-2793
www.harnett.org

Certification of Work Performed
By Owner/Contractor

Owner (s) of Structure: _____

Owner (s) Telephone: _____

Owner (s) Mailing Address: _____

Construction or Site Address: lot #34 Highlands

Job Cost: _____ Description of Work to be done Build Garage on lot 34 Highlands.

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___

Electrical: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:

Subdivision: Highlands Lot #: 34

I Robert Smith have provided or will provide the Building Cost. labor
(Name) (Trade)

on this structure. I am the owner or hold a NC state Driv. license license number
(Trade)

_____, which entitles me to perform such work on the above structure legally. All

work shall comply with the State Building Code and all other applicable State and Local laws,
ordinances and regulations.

Owner (s) signature: _____ Date: _____

Contractor's Name: Robert Smith Phone: 910 245-1332

Address: 204 Mercedes Ln - Cameron NC 28226

County: _____ Contractor's License #: _____

Contractor's Signature: Robert Smith Date: 10/4/06

*Company name, address, & phone must match information on license.

Application # 06-500-15808

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

Certification of Work Performed By Owner/Contractor

Owner (s) of Structure: HIGHLAND HOME BUILDERS Phone: 9-499-2424

Owner (s) Mailing Address: 80 RIDGEVIEW DR
CAMERON, NC 28326

Land Owner Name (s): SAME Phone: _____

Construction or Site Address: 639 RIDGEVIEW DR

Job Cost: 10,000 Description of Work to be done GARAGE, FRONT PORCH
FRAMING

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___

Electrical: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:
2A W TO SUBDIVISION ONTO RIDGEVIEW DR

Subdivision: THE HIGHLANDS AT SHERWOOD Lot #: 34
FOREST

I Clinton Hill have provided or will provide the FRAMING labor
(Contractors Name) (Trade)
on this structure. I am the building owner or hold a NC state PRIVILEGE license
(Trade)

number _____, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature: Jeri L. Curi Date: 1-12-07

Company Name: Clinton Hill Phone: 9-352-0619

Address: 3121 HILLMAN GROVE RD. CAMERON NC

County: HARNETT Contractor's License #: PRIVILEGE

Contractor's Signature: _____ Date: _____

*Company name, address, & phone must match information on license.

★ TO REPLACE CURRENT CONTRACTOR ON
FILE FOR THIS JOB W/ CLINTON

C-4

GARAGE
ADDITION
ONTO MFG. Home

JEFF GRAU

Required Inspections for SFA/SFD

Appl # 0650015808
Valuation \$37,424
Sq. Ft 576

<u>Seq</u>		<u>Seq</u>	
10	<input checked="" type="checkbox"/> R*Bldg Footing	60	<input type="checkbox"/> Two Trade Final > 2500
10-30	<input checked="" type="checkbox"/> R*Elec Temp Service Pole	60	<input type="checkbox"/> One Trade Final
20	<input checked="" type="checkbox"/> R*Bldg Foundation	60	<input type="checkbox"/> One Trade Final > 2500
20	<input checked="" type="checkbox"/> Address Confirmation	999	<input checked="" type="checkbox"/> Envir. Operations Permit
30-999	<input type="checkbox"/> R*Open Floor		
30-999	<input type="checkbox"/> R*Bldg Slab Insp		
30-999	<input type="checkbox"/> R*Elec Under Slab		
30-999	<input type="checkbox"/> R*Plumb under Slab		
30-999	<input type="checkbox"/> R*Bldg Water/Damp Proofing		
40	<input type="checkbox"/> Four Trade Rough In		
40	<input type="checkbox"/> Four Trade Rough In > 2500		
40	<input type="checkbox"/> Three Trade Rough In		
40	<input type="checkbox"/> Three Trade Rough In > 2500		
40	<input checked="" type="checkbox"/> Two Trade Rough In		
40	<input type="checkbox"/> Two Trade Rough In > 2500		
40	<input type="checkbox"/> One Trade Rough In		
40	<input type="checkbox"/> One Trade Rough In > 2500		
50	<input type="checkbox"/> R*Insulation Inspection		
60	<input type="checkbox"/> Four Trade Final		
60	<input type="checkbox"/> Four Trade Final > 2500		
60	<input type="checkbox"/> Three Trade Final		
60	<input type="checkbox"/> Three Trade Final > 2500		
60	<input checked="" type="checkbox"/> Two Trade Final		