APP# 09 500 22956

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

Application for Building and Trade	e Permit
Owner's Name: Two Crove Day. Cop. Address: 622 Ruffalo Lake Rold. Directions to job site: 27 west- Lefton 24- Righ.	Phone: 499-144
Address: 1022 Introduction 24- Rich	I'M Red BING- Letter COUTING
Directions to job site:	
1 1 Augs Pauls	Lot: 22
Subdivision: Notares Cross Roads	Building Use: (Please Check)
Type Construction: (Please Check)	Residential () Modular ()
New O Renovation () Addition ()	Residential () Modular ()
	Commercial () Multi-Family ()
Marky Stop	
Description of Proposed John.	
Moved House () Other () Description of Proposed Work: MASONRY Stoop. Total Project Cost: #800 - 6/11/6/1	
	0.00
Building Permit Informatio	n struction Cost \$
Heated Crawl Space () Building Cons	Stories C
TT 1 A. J Clab () ACICS DISTRICOG	Jimbledon DRIVE - Pirchurst
Storall & Sons Constr. 101 V	Umbledon Drive - 1. January
Building Contractor's Company Name Signature of Officer(s) of Corporation License #	Address
Building Confractor Tompan	910 692 5915
License #	Telephone
Signature of Officer(s) of Corporation	
Electrical Permit Information	ın
<u> </u>	Electrical Cost \$
Description of Work TS Pole: Yes () No () Underground () Overheard () Service Overheard () Se	Biochical Cost o
TS Pole: Ves () No () Underground () Overheard ()	icASize: Amps
Permanent Service: Underground () Overhead () Servi	ich Size: Amps
	Address
Electrical Contractor's Company Name	
Electrical Contractor's Company Name	Address
Electrical Contractor's Company Name	
Electrical Contractor's Company Name Signature of Officer (s) of Corporation License #	Telephone
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06/02

Affidavit of Worker's Compensation Coverage N.C.G.S. 87-14

The undersigned applicant for Building Permit # 0950033956 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 or more subcontractor(s) and has/have obtained workers' compensation insurance covering them.
has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation 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 workers' 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: Pine Gave Dev. Corp.
By: James Stouay
Title: Const Manager
Date: $10 - 27 - 09$

Sprinkler System Information

Sprinkler Contractor's Company Name	Address
Contact Person	Telephone
License Number	
<u>Fire A</u>	Marm System Information
Alarm Contractor's Company Name	Address
Contact Person	Contact Person's Signature
License Number	Telephone
	Driveway Access
NC Department of Transportation Drivewa	y Access/Permit? Yes No
that the construction will conform to the reg	make necessary application, that the application is correct and gulations in the Building, Electrical, Plumbing and Mechanical nance. I state the information on the above contractors is occur in the above contractors I certify it is my responsibility to sion of any changes.
Signature of Owner/Contractor/Officer(s) of	if Corporation Date