

Application for Building and Trade Permit

Owner's Name: Benjamin Stot and Estate Services, Inc. Date: 3/16/2020
Address: _____ Phone: 910.779.0019
Directions to job site: _____
401 S, (L) onto Boulevard Erwin Rd., (R) onto Bramble Ave

Subdivision: Blackberry Manor Lot: 13
Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other
Description of Proposed Work: New SFR
Total Project Cost: \$ 200,000.00

Building Permit Information

Heated SF _____ Crawl Space () Building Construction Cost \$ 300,000.00
Unheated SF _____ Slab (X) Acres Disturbed .15 Stories 2
Same as Owner 910.779.0019
Building Contractor's Company Name Telephone
PO Box 53798 64633-U
Address License #
G. Stot
Signature of Officer(s) of Corporation

Electrical Permit Information

Description of Work New install Electrical Cost \$ 6,400.00
TS Pole: Yes (X) No () Underground () Overhead ()
Permanent Service: Underground (X) Overhead () Service Size: 200 Amps
Power Electric 910.494.7767
Electrical Contractor's Company Name Telephone
80 Dell Thomas Rd. Lillington, NC 27546 21643-U
Address License #
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New Install
Number of Units 1 Type System split Mechanical Cost \$ 7,500.00
Central of A 910.858.0000
Mechanical Contractor's Company Name Telephone
PO Box 1071 Hope Mills, NC 28748 20012 47-U
Address License #
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New Install
Number of Baths _____ Plumbing Cost \$ 7,500.00
Bell House 910.429.9999
Plumbing Contractor's Company Name Telephone
670 Gillespie Street Fay, NC 28706 32886 P-1
Address License #
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential (X) Other () Not Required ()
Comberland Insulation
Insulation Contractor's Company Name Address Telephone
4705 Clinton Rd. Fay, NC 910.484.7118

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: HRES, Inc.

By/Title: A. Stett, Inc.

Date: 3/16/2020