## PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

Owner's Name: Penjamin Gout Real Estate Services Inc. Date: 5/11/2020
Address: Phone: 9(D-)79-0019
Directions to job site:
401 S. (C) Onto Bunnievel Erwin Rd. (R) onto Brambie Ave.
Subdivision: Blackberry Manor  Construction Type: (Please Check)  New Renovation Addition Moved House  Suilding Use: (Please Check) Residential Modular Commercial Multi-Family
Other Description of Proposed Work: New SFR Total Project Cost: \$200,000.00
Heated SFCrawl Space () Building Construction Cost \$ 200,000-00  Unheated SFSlab () Acres Disturbed42Stories _2  Building Contractor's Company Name  To Box 57 98 Fausttville Nc 28305  Address
Description of Work NEW INSTALL Electrical Cost \$
Signature of Officer(s) of Corporation
Description of Work New Install  Number of Units Type System Spirt Mechanical Cost \$ 7,500.00  Cuthfied Heating and Air Unditioning 910-858-0000  Mechanical Contractor's Company Name PO Box 1011 Hope Mills NC 28348  Address Telephone 20012 H3-CI  License #
Signature of Officer(s) of Corporation
Description of Work New InStall  Number of Baths  Dell Haire Plumbing  Plumbing Cost \$ 7,600-00  Plumbing Contractor's Company No.
Address Telephone 32886 P-1
Signature of Officer(s) of Corporation
Residential (M Other (1) Not Required (1)  Cumberland Insulation  Insulation Contractor's Company Name  Insulation Permit Information  4705 Clinton Rd Fay NC  Address  Telephone
Page 1 of 3 06/04

## 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 Drivew	ay Access/Permit? Yes No
correct and that the construction will or Plumbing and Mechanical codes, and information on the above contractors is contractors.	to make necessary application, that the application is conform to the regulations in the Building, Electrical, the Harnett County Zoning Ordinance. I state the correct as known to me and if any changes occur in the asibility to notify the Harnett County Inspections Division of Corporation  5 11 2020  Date

## N.C.G.S. 87-14

The undersigne	ed applicant for Building Permit # being the:
	Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby corperforming the	nfirm under penalties of perjury that the person(s), firm(s) or corporation(s) 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.
compensation in	on the project for which this permit is sought it is understood that the Central artment issuing the permit may require certificates of coverage of worker's surance prior to issuance of the permit and at any time during the permitted work firm or corporation carrying out the work.
Firm Name:	BSRES inc
By/Title:	President
Date:	5/11/2020