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

Owner's Name Benjamin Start &	eal Estate services Inc. Date: 9/16/2020
Address. 10 North Inveto (	1. Spring Lake, NC 28390 Phone: 910-779-0019
Directions to job site:	7 1 3 10 10 10 10 10 10 10 10 10 10 10 10 10
Subdivision: Qura VIII as	14
Construction Type: (Please Check)	
New	Building Use: (Please Check)  Residential
Renovation	Modular
Addition	Commercial
Moved House	Gommercial Multi-Family
Other	
Description of Proposed Work: Ne	N SFR
Total Project Cost: \$200,000	
· <u>E</u>	Building Permit Information
Heated SF Crawl Space ()	Building Construction Cost \$
Unheated SFSlab (/)	Acres Disturbed Stories
Same as owner	910-779-0019
Building Contractor's Company Name	Tolophono
IO BOX 53 My FOURTHWIRE NO	28305 69633-U
Address	License #
	II II
Signature of Officer(s) of Corporation	
Description of Work N.P.A. LACT	ectrical Permit Information
TS Pole: Yes ( ) No ( ) Underground	Electrical Cost \$
10 1016. 163 (g) 140 ( ) Underground	( ) ( )Verheard ( )
Call Hoern Dride Clarking Com	Overhead () Service Size:Amps
Southern Pride Hectrical Service Contractor's Company Name	ias 919-750-9436
370 Sigpout Rd., Mt. Olive Ne	Telephone
Address	
1.001000	License #
Signature of Officer(s) of Corporation	
, , , , , , , , , , , , , , , , , , , ,	
Med	hanical Permit Information
Description of Work NEW INS	Tall
Number of Units 1 Type C	votom Chil
Certified Heating and Ac  Mechanical Contractor's Company Name  Do Box 1971	<u>910-858-0000</u>
Viechanical Contractor's Company Name	Telenhone
FO FOX 10 II. HODE WILLS NIC 2X	20012 H3-C1
Address	License #
Signature of Office ( ) ( )	
Signature of Officer(s) of Corporation	
Div	mhine Daweit L. C.
Description of Work New Install	mbing Permit Information
lumber of Baths	
Titan's Plumbing 110	Plumbing Cost \$
Itan's Plumbing LLC lumbing Contractor's Company Name	919-902-0990
634 Brook Fern Way, Raleigh, NC 2	Telephone 211920
ddress . NC 2	1669 <u>348</u> 00
<u> </u>	LIOCHICE #
ignature of Officer(s) of Corporation	
Insu	lation Permit Information
esidential (4) Other (1) Not Required	()
Umberland Insulation (0. Inc. sulation Contractor's Company Name	4205 ainton Rd. Tovetteville 910-484-7118
sulation Contractor's Company Name	4205 Winton Rd. Fayetteville 910-484-7118 Address NC 28312 Telephone
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	00/04

## 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			
	<u>Driveway Access</u>		
NC Department of Transportation Drivew	vay 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 in the above contractors is correct as known to me and if any changes occur in the above contractors is in the Harnett County Inspections Division of any changes.  Signature of Owner/Contractor/Officer(s) of Corporation  Date			
	• State of the sta		

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

The undersigned	d applicant for Building Permit #	being the:
	_ Contractor _ Owner _ Officer/Agent of the Contractor or Owner	
Do hereby con performing the w	nfirm under penalties of perjury that the perswork set forth in the permit:	son(s), firm(s) or corporation(s)
	Has/have three (3) or more employees and has, compensation insurance to cover them.	/have obtained workers'
	Has/have one (1) or more subcontractors(s) and compensation insurance to cover them.	d has/have obtained workers'
	Has/have one (1) or more subcontractors(s) who workers' compensation insurance covering them	o has/have their own policy of nselves.
	Has/have not more than two (2) employees and	no subcontractors.
compensation ins	on the project for which this permit is sought it artment issuing the permit may require certific surance prior to issuance of the permit and at any firm or corporation carrying out the work.	rates of coverage of worker's
Firm Name:	BSRES SINCI	
By/Title:	1) DW Presi	ident
Date:	9/14/2020	