

Application for Building and Trade Permit

Owner's Name: Benjamin Galt Real Estate Services, Inc. Date: 9/16/200
Address: 50 North Dakota Ct., Spring Lake, NC 28390 Phone: 910-779-0019
Directions to job site: _____

Subdivision: Sierra Villas Lot: 12
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

Building Permit Information

Heated SF _____ Crawl Space () _____
Unheated SF _____ Slab _____
Same as owner
Building Contractor's Company Name Telephone 910-779-0019
PO Box 53798, Fayetteville, NC 28305 691633-11
Address License # _____

Signature of Officer(s) of Corporation _____

Electrical Permit Information

Description of Work NEW INSTALL Electrical Cost \$ _____
TS Pole: Yes No () Underground () Overhead ()
Permanent Service: Underground Overhead () Service Size: _____ Amps
Southern Pride Electrical Services Telephone 919-750-9436
Electrical Contractor's Company Name
370 Slapout Rd., Mt. Olive NC 28365 24726
Address License # _____

Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work NEW INSTALL Mechanical Cost \$ _____
Number of Units 1 Type System SPLIT
Certified Heating and AC
Mechanical Contractor's Company Name Telephone 910-858-0000
PO Box 1071, Hope Mills, NC 28348 20012 H3-C1
Address License # _____

Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work NEW INSTALL Plumbing Cost \$ _____
Number of Baths _____
Titan's Plumbing LLC Telephone 919-902-0990
Plumbing Contractor's Company Name
1634 Brook Fern Way, Raleigh, NC 27609 34800
Address License # _____

Signature of Officer(s) of Corporation _____

Insulation Permit Information

Residential Other () Not Required ()
Cumberland Insulation Co. Inc. 4205 Clinton Rd. Fayetteville 910-484-7118
Insulation Contractor's Company Name Address NC 28312 Telephone _____

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 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 in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

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Signature of Owner/Contractor/Officer(s) of Corporation

9/16/2020
Date

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: ESPRESSO INC

By/Title: J. SW, President

Date: 9/16/2020