Harnett County Inspections Department

3RD PARTY INSPECTION FORM

RECORD OF THE INSPECTION OF A **COMPONENT OR ELEMENT** BY A NC LICENSED ARCHITECT OR ENGINEER

Project Information:				
Residential Single Family Project: N	Commercial Project: Y			
Code Enforcement Project No.:	Permit No.: SFD 2307 - 6047			
Project Name: 140 COLT AVE CASTS	Owner: WELLONG REALTY PO BOX 730 DUNW			
Project Name: 146 COLT AVE COATS Project Address: NC 27521	Owner: WELLONS REALTY PO BOX 730 DUNW Suite No.: NC 28336			
Date Inspected: MAY 8, ZOZ4	Contractor Name: SAME AS ONNER			
Component Inspected: PESIDENTIAL				
Responsible Licensed NC Architect or NC Engineer				
Name: JOE & GODWIN, SR.				
Firm Name: ENORH ENGINEERS, PA				
Phone No.: Office (919) 814-7765	Mobile (919)820-3491			
Email Address: jason a enochengineers com Mailing Address: 1403 NC 505 BENSON, NC 27504				
Mailing Address: 140 3 NC 50 S BENEAU, NC 27504				
APPLICABLE CODE SECTION:				
2018 NCBC = 2018 NC Building Code; 2018 NCRC = 2018 NC Residential Code				
Describe Element/Compone				
2018 NC Resdential Code, Se	ection 403			
Residential footing size depth p capacity of zoos 1b/ff2 we're being in conformance with the	placement & bearing			
capacity of zoos 16/42 were	confirmed onste			
being in conformance with the	e above Residential Code.			
- (subgrade form/leffer fridy also be required) Affestation/signature.				
By signing below, I certify that the component and/or element of the building as identified on this form has been inspected by me or someone under my direct				
supervision per subsection (b2) of NC G.S. 153A-352 and is in compliance with				
the Code or other proposal of the architect or engineer	for the project. This			
inspection is in compliance with all of the requirements of the				
Code. Attach any additional documents if needed.	009517			
m. elaste	TO A STATE OF THE PARTY OF THE			
Harry Some	GODWIN			
LICENSED ARCHITECT OR ENGINEER	"""SEXL			
Inspection Department disclaimer:				

Upon the receipt of a signed written document as required under subsection (a) of Article 160A-413.5., Code Enforcement shall be discharged and released from any liabilities, duties and responsibilities imposed by this article or in common law from any claim arising out of or attributed to the component or element in the construction of the building for which the signed written document was submitted. Be aware that this inspection will be noted in all inspection records including the Certificate of Occupancy or Certificate of Compliance. This inspection does not address any local ordinances or zoning requirements.

PERMIT NO: SFD2307-0047 ON-LINE PERMIT				
HARNETT COUNTY DEVELOPMENT SERVICES	PERMIT TYPE SINGLE FAMILY DWELLING	APPLIED DATE 7/19/2023	[] Seal	
420 McKinney Pkwy, NC 27546 INSPECTION REQUEST LINE	PERMIT SUB-TYPE SFD STEM WALL	APPROVED DATE 7/28/2023		
(408) 555-1218 OR SCHEDULE EXISTING INSPECTION ON-LINE	JOB VALUE 0	ISSUED DATE 8/1/2023		
www.crw.com	APN 1600-32-4352.000			
	DESCRIPTION 57x45 sfd 3 beds 2 baths			
PERMIT INFORMA			EE SUHMARY	
COATS, NC 27521 LAND		BUILDING FEES \$805.00 SE FEES \$25.00		
PC	BERT PAUL (REALTY) DBOX 730 N NC 28335	MISCELLAN	NEW FEES \$25.00 10.0	
146 COLT AV	ONS REALTY IE COATS, NC 27521 NC 28335-0000			
PC DUM	BERT PAUL (REALTY)) BOX 730 IN NC 28335			
NOTE: This job copy of this permit shall	be kept on the job site to	make the required entri	es thereon. The permit will expire if	
work is not started in 180 days, is abandoned, or does not receive an inspection for more than 180 days. Additional fees will be collected to renew expired permits. This is a Building Permit when properly filled out, signed and validated, and is not transferable. Construction Hour: Construction is limited to the hours of 7:00am to 7:00pm each day. No work shall be performed on certain holidays (MMC V-213-3(b)).				
LICENSED CONTRA	CTORS DECLAR	ATION	INSPECTION SUMMARY	
hereby affirm under penalty of penilty th	at I am licensed under pro	ovisions of Chapter 9 🗀	***************************************	
(commencing with Section 7000) of Divisi and my license is in full force and effect. License No: Expl	on 3 of the Business and I ration Date:	Professions Code, Contractor:	ROUGH IN REINSPECT	
			ROUGH IN	
	ER DECLARATIO		ADDRESS	
I hereby affirm under penalty of perjury that I am exempt from the contractors license Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or		ns Code: Any city or	FOOTING	
county which requires a permit to com- structure, prior to its issuance, also re	itruct, aiter, improve, dem	oush, or repair any	FOUNDATION	
signed statement that he or she is i	censed pursuant to the p	rovisions of the	GAS PIPING	
Contractors License Law (Chapter 9 (cc	mmencing with Section 79 at he or she is exempt the	refrom and the basis	SEWER	
the Business and Pofessions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by an applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):			CONNECTION	
I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale		SLAB T-POLE		
(Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner or property who builds or improves thereon, and who does such work			TEMP POWER	
jappy to an owner or property who builds of improves treated, and who over section with the section of the property who builds of improves treated, and the own over the provided CERTIFICATION			CERTIFICATION	
improvement to som within one year of completion, and other some of the contract of the contra			UNDER SLAB TRADES	
Las owner of the property, am exclusively contracting with licensed contractors WATER				
			CONNECTION	
and who contracts for such projects y	dth a contractor(s) license	ed pursuant to the	FINAL SFD	
Contracto I am exempt under Sec. DATE	rs License Law.) B.P.C. for this re	ason	STEMWALL**	
DATE	OWNER		FOUNDATION	
WORKERS COMPEN	ISATION DECLAR	ATION	SURVEY	
I hareby affirm under penalty of p	WORKERS COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: INSULATION			
1 have and will maintain a certificompensation, as provided for by Section	ficate of consent to self-in	sure for workers"	ROUGH IN REINSPECT	
I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:				
Carrier/Policy No: (This section need not be completed if t	he permit is for one hunds			
I certify that in the performance of	less). he work for which this per area as to become subject	mit is issued, I shall		
not employ any person in any number so as to become subject to the workers' compensation laws or California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.			:	
DATE APPLICANT: WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.				
CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.). ATE APPLICANT:				
APPLICANT: 'I certify that I have read this application and state that the above information is correct. I agree to compty with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes. SIGNATURE OF APPLICANT OR				
ACCUT .		DATE	<u> </u>	
Permit Finaled Date:	Inspector Name:	Signa	iture:	