

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-4759

**Application for Building and Trade Permit**

Owner's Name: Cumberland Homes Date: 6/2/04  
Address: PO Box 727 Dunn, NC 28335 Phone: 892-4345  
Directions to job site: 27 W / (TL) on 2A (TL) on Cameron Hill Rd. / (TL) on Yorkshire R  
(TL) on Jubilee Ct.

Subdivision: Yorkshire Plantation Lot: 182  
Construction Type: (Please Check) Building Use: (Please Check)  
 New  Residential  
 Renovation  Modular  
 Addition  Commercial  
 Moved House  Multi-Family  
 Other  
Description of Proposed Work: \_\_\_\_\_  
Total Project Cost: \_\_\_\_\_

**Building Permit Information**

Heated SF 2498 Crawl Space (X)  
Unheated SF 576 Slab ( )  
Cumberland Homes  
Building Contractor's Company Name: \_\_\_\_\_ Telephone \_\_\_\_\_  
PO Box 727 Dunn NC 28335 892-4345  
Address \_\_\_\_\_ License # \_\_\_\_\_  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Electrical Permit Information**

Description of Work New Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes (X) No ( ) Underground (X) Overhead ( )  
Permanent Service: Underground (X) Overhead ( ) Service Size: 200 Amps  
Wester & Pace  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
546 Leslie Dr., Sanford NC 919-499-5389  
William Wester  
Address \_\_\_\_\_ License # 1200-76  
Signature of Officer(s) of Corporation William Wester

**Mechanical Permit Information**

Description of Work New  
Number of Units 2 Type System Heat Pump Mechanical Cost \$ \_\_\_\_\_  
Jackson's Heating & Air  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Jackson Heating & Air 910-891-5410  
PO Box 82, Benson, NC  
David Jackson  
Address \_\_\_\_\_ License # 23670  
Signature of Officer(s) of Corporation David Jackson

**Plumbing Permit Information**

Description of Work New  
Number of Baths 2 1/2 Plumbing Cost \$ \_\_\_\_\_  
Glover Contract Plumbing Inc.  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone 910-892-7002  
Glover Contract Plumbing Inc. 910-892-1612  
PO Box 726 Coats, NC  
Shawn Glover

Address \_\_\_\_\_  
Signature of Officer(s) of Corporation Shirley Glover

License # ~~1182~~ 23160

**Insulation Permit Information**

Residential (X) Other ( ) Not Required ( )  
Tri City \_\_\_\_\_ Po Box 6405, Fayetteville, NC 910-486-8855 \_\_\_\_\_

Insulation Contractor's Company Name \_\_\_\_\_ Address \_\_\_\_\_ 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 including listed contractors, site plan, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Division of any and all changes.

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

6/2/06  
Date

**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: Cumberland Homes  
By/Title: Darryl Morris  
Date: 6/1/06

6-5-06

DANNY NORRIS

Required Inspections for SFA/SFD

Appl # 0650015051  
Valuation \$199,722  
Sq. Ft 3074

<u>Seg</u>		<u>Seg</u>	
10	<input checked="" type="checkbox"/> R*Bldg Footing	60	<input type="checkbox"/> Two Trade Final > 2500
10-30	<input type="checkbox"/> R*Elec Temp Service Pole	60	<input type="checkbox"/> One Trade Final
20	<input checked="" type="checkbox"/> R*Bldg Foundation	60	<input type="checkbox"/> One Trade Final > 2500
20	<input type="checkbox"/> Address Confirmation	999	<input checked="" type="checkbox"/> Envir. Operations Permit
30-999	<input type="checkbox"/> R*Open Floor		
30-999	<input type="checkbox"/> R*Bldg Slab Insp		
30-999	<input type="checkbox"/> R*Elec Under Slab		
30-999	<input type="checkbox"/> R*Plumb under Slab		
30-999	<input type="checkbox"/> R*Bldg Water/Damp Proofing		
40	<input type="checkbox"/> Four Trade Rough In		
40	<input checked="" type="checkbox"/> Four Trade Rough In > 2500		
40	<input type="checkbox"/> Three Trade Rough In		
40	<input type="checkbox"/> Three Trade Rough In > 2500		
40	<input type="checkbox"/> Two Trade Rough In		
40	<input type="checkbox"/> Two Trade Rough In > 2500		
40	<input type="checkbox"/> One Trade Rough In		
40	<input type="checkbox"/> One Trade Rough In > 2500		
50	<input checked="" type="checkbox"/> R*Insulation Inspection		
60	<input checked="" type="checkbox"/> Four Trade Final		
60	<input checked="" type="checkbox"/> Four Trade Final > 2500		
60	<input type="checkbox"/> Three Trade Final		
60	<input type="checkbox"/> Three Trade Final > 2500		
60	<input type="checkbox"/> Two Trade Final		