

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 810-893-4759

Application for Building and Trade Permit

Owner's Name: Home Co Builders Date: 6-19-06
Address: PO Box 727 Dunn NC 28335 Phone: 892-4345
Directions to job site: 27 W / TB on 24 / TB on Cameron Hill Rd. / TB on Yorkshire Drive

Subdivision: Yorkshire Plantation Lot: 70

Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other

Description of Proposed Work: 2 STORY w/ Bonus Room
Total Project Cost: _____

Building Permit Information

Heated SF 2226 Crawl Space () Building Construction Cost \$ 95,200
Unheated SF 480 Slab FT Acres Disturbed _____ Stories 2
CUMBERLAND HOMES 892-4345
Building Contractor's Company Name Telephone
PO Box 727 Dunn NC 28335 License # 59493
Address _____
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 License # 23670
Address _____
Signature of Officer(s) of Corporation _____

Mechanical Permit Information

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

Plumbing Permit Information

Description of Work New Plumbing Cost \$ _____
Number of Baths 2 1/2
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

Shirley Glover

License # ~~23160~~ 23160

Signature of Officer(s) of Corporation

Insulation Permit Information

Residential (X) Other () Not Required ()

BLOWN RITE INSULATION, INC.

3737 Clinton Rd. Fay., NC 28312 910-483-8191

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.

D. J. [Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

6-19-06
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: Home Co.
By/Title: Danny Morris
Date: 6-19-06

Slab

DANNY NORRIS

6-21-08

Required Inspections for SFA/SFD

Appl #
Valuation
Sq. Ft

06 500 15173
\$175,813
2706

<u>Seq</u>		<u>Seq</u>	
10	<input checked="" type="checkbox"/> R*Bldg Footing	60	<input type="checkbox"/> Two Trade Final > 2500
10-30	<input checked="" 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 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		