

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27548  
Telephone Number 910-893-4759

**Application for Building and Trade Permit**

Owner's Name: BRIESE BUILDERS Date: 7-11-06  
Address: P.O. BOX 727 DUNN NC 28335 Phone: 910-892-4345  
Directions to job site: 27 WEST, TURN LEFT INTO LAUREL VALLEY  
SUBDIVISION, TURN LEFT ON CHASON TERRACE, 5<sup>th</sup> HOUSE ON LEFT

Subdivision: LAUREL VALLEY Lot: 92

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 2098 Crawl Space   
Unheated SF 636 Slab ( ) Building Construction Cost \$ 106,998  
CUMBERLAND HOMES Acres Disturbed .39 Stories 2  
Building Contractor's Company Name Telephone 910-892-4345  
P.O. Box 727 DUNN NC 28335 59493  
Address License #  
[Signature]  
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 # 120076  
[Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work New  
Number of Units \_\_\_\_\_ 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]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
Plumbing Contractor's Company Name Telephone 910 678-8059  
Curtis Faircloth Plumbing  
6143 Goldsboro Rd. Wade, NC 28395  
Curtis Faircloth

Address Curtis Fursilloth  
Signature of Officer(s) of Corporation

License # 7269

**Insulation Permit Information**

Residential (X) Other ( ) Not Required ( )  
TRI-CITY

PO Box 6A05 Fay, 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.

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

7-11-06  
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: BRIESE BUILDERS

By/Title: Darryl Harris

Date: 7-11-06

DANNY NARRIS

Required Inspections for SFA/SFD

Appl # 0650015357  
Valuation \$ 200,178  
Sq. Ft 3081

- Seq
- 10  R\*Bldg Footing
- 10-30  R\*Elec Temp Service Pole
- 20  R\*Bldg Foundation
- 20  Address Confirmation
- 30-999  R\*Open Floor
- 30-999  R\*Bldg Slab Insp
- 30-999  R\*Elec Under Slab
- 30-999  R\*Plumb under Slab
- 30-999  R\*Bldg Water/Damp Proofing
- 40  Four Trade Rough In
- 40  Four Trade Rough In > 2500
- 40  Three Trade Rough In
- 40  Three Trade Rough In > 2500
- 40  Two Trade Rough In
- 40  Two Trade Rough In > 2500
- 40  One Trade Rough In
- 40  One Trade Rough In > 2500
- 50  R\*Insulation Inspection
- 60  Four Trade Final
- 60  Four Trade Final > 2500
- 60  Three Trade Final
- 60  Three Trade Final > 2500
- 60  Two Trade Final

- Seq
- 60  Two Trade Final > 2500
- 60  One Trade Final
- 60  One Trade Final > 2500
- 999  Envir. Operations Permit