

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

Application for Building and Trade Permit

Owner's Name: HOMER Date: 7-17-06
Address: P.O. Box 777 Dunn NC 28335 Phone: 910-892-4345
Directions to job site: 27 WEST, TURN LEFT INTO LAUREL VALLEY
SUBDIVISION, 1ST LOT ON RIGHT

Subdivision: LAUREL VALLEY Lot: 1
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 2206 Crawl Space () Building Construction Cost \$ 112,506
Unheated SF 600 Slab (X) Acres Disturbed 34 Stories 2
CUMBERLAND HOMES Telephone 910-892-4345
Building Contractor's Company Name Address License #
P.O. Box 777 Dunn NC 28335
[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 License # 1200-76
Address [Signature]
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]
Signature of Officer(s) of Corporation

Plumbing Permit Information

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

Address Shirley Glover
Signature of Officer(s) of Corporation

License # ~~1100~~ 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.

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

7-17-06
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: Homeco Builders Inc
By/Title: Darryl Harris
Date: 7-17-06

Home Co.

Required Inspections for SFA/SFD

Appl # 06-5-15398
Valuation 204400
Sq. Ft 3146

- 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

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