

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

**Application for Building and Trade Permit**

Owner's Name: NEW CENTURY HOMES Date: 8-9-06  
Address: P.O. Box 777 Dunn NC 28335 Phone: 910-892-4345  
Directions to job site: 27 WEST, TURN LEFT INTO LAUREL VALLEY SUBDIVISION,  
2nd LOT ON LEFT PAST CHASON TERRACE

Subdivision: LAUREL VALLEY Lot: 63  
Construction Type: (Please Check)

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

Description of Proposed Work: 2 STORY W/ BONUS ROOM  
Total Project Cost: \_\_\_\_\_

**Building Permit Information**

Heated SF 2039 Crawl Space ( ) Building Construction Cost \$ 103,989  
Unheated SF 576 Slab ( ) Acres Disturbed 1.21 Stories 2  
CUMBERLAND HOMES Telephone 910-892-4345  
Building Contractor's Company Name Address  
P.O. Box 777 Dunn NC 28335 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 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 \$ 23160  
Number of Baths \_\_\_\_\_  
Glover Contract Plumbing Inc.  
Plumbing Contractor's Company Name Telephone 910-892-1612  
Glover Contract Plumbing Inc.  
PO Box 726 Coats, NC  
Shawn Glover

Address

*Shirley Glover*

Signature of Officer(s) of Corporation

License # ~~1192~~ 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

8-9-06  
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: Peak Century Homes  
By/Title: Darryl Morris  
Date: 8-9-06

(SLAB)

DANNY NORRIS  
8-11-06

**Required Inspections for SFA/SFD**

Appl # 0650015534  
Valuation \$200,047  
Sq. Ft 3079

- 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