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

Application for	Building and Trade P	Permit Date: 12-15-06
Owner's Name: Kennett Cumming	1 226	Dhone: 9/4-897-50-6
Address 6 30 Graphic RD Lillington Directions to job site: Hwy 27 was T	- RC F10 YO	L T. L. LEMULL Black T.
Directions to job site: Muc 27 wes 7	1.2. ON NO.	Risht
woodshire T. R. sonera	Z . / 100 EX	
		Lot: 106
Subdivision: woodshire	Building Use: (Pleas	
Construction Type: (Please Uneck)	Residential	
New	Modular	
Renovation	Commercial	
Addition	Multi-Family	
Moved House	Multi-Failing	
Other		
Description of Proposed Work:		
Total Project Cost:		
<u>Buildin</u>	g Permit Information	
Heated SF 2448 Crawl Space (4)	Building Construction	stories
Unheated SF Slab () CED Co. Const Fre	Acres Disturbed	Stories
PERIC CONST Fre	910-85	3-5826
Building Contractor's Company Name	Telephone	
670 Griffix RD XIII Instor PC 27.	541 148	5-6
Address /	License #	
War (
Signature of Officer(s) of Corporation		
Signature of Ombor(o) of Dorporation		
Flactric	al Permit Information	
managed in a Mark	Electrical	ost \$
Description of Work TS Pole: Yes (+) No () Underground (+)	Overheard ()	4
Permanent Service: Underground () Over		e: <u>200</u> Amps
Permanent Service. Orderground ()	910 8	50 3655
J'm pupe Elect	Telephone	
Electrical Contractor's Company Name		1726
3483 Cameron Prive	License #	
Address		
Address M. Market M. Corneration		
Signature of Officer(s) of Corporation		
Mechani	ical Permit Informatio	<u>n</u>
Description of Work	NA.	achanical Cost \$
Number of Units Type System	m	424-7702
Johes & Johes	7/6	
Mochanical Contractor's Company Name	Telephone	43 11614
5217 Mattaccopr Hope Mills M	License #	
Address / /	Ficeuse #	
akter gener		
Signature of Officer(s) of Corporation		
m. 1		•
	ing Permit Information	1 '
Description of Work	Diumbina	Cost \$
Number of Baths		775 -244/
Richard Alten Collahan	Talaahaas	
Plumbing Contractor's Company Name	Telephone	1-06487
Plumbing Contractor's Company Name 318 Donn A ST. ST. Pauls	The roots of	
Address	License #	
City all College		
Signature of Officer(s) of Corporation		
•		_
<u>Insulat</u>	ion Permit Informatio	Ω
Residential (-) Other () Not Required ()		
DININA WITE		Talanhana
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 Drivew	vay Access/Permit? Yes No
correct and that the construction will Plumbing and Mechanical codes, and information on the above contractors including listed contractors, site plan,	y to make necessary application, that the application is conform to the regulations in the Building, Electrical, the Harnett County Zoning Ordinance. I state the is correct as known to me and if any changes occur building and trade plans, Environmental Health permit ertify it is my responsibility to notify the Harnett County I changes.
Hay I for	12-15-06
Signature of Owner/Contractor/Officer(s)	of Corporation 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 confi performing the wo	irm under penalties of perjury that the person(s), firm(s) or corporation(s) ork 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.
Permitting Depa compensation ins from any person,	n the project for which this permit is sought it is understood that the Central attment issuing the permit may require certificates of coverage of worker's surance prior to issuance of the permit and at any time during the permitted work firm or corporation carrying out the work.
Firm Name:/_	runeth Camering
By/Title: Ve	
Date: 12	-15-06

Plan Box Number 5-8

Job Name KENNETH Cumminas

Date: 12-18-04

Required Inspections for SFA/SFD

Appl. # 0650016246 Valuation # 164, 964 Sq. Feet 2539

Sequence

10 10-30 20 20 30-999 30-999 30-999 40 40 40 40 40 40 40 50 60 60 60 60 60 60 60 60 60	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Rough In One Trade Final Four Trade Final Four Trade Final Three Trade Final Three Trade Final Three Trade Final Two Trade Final Two Trade Final Two Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit