

Application # 16333

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27548  
Telephone Number 910-893-7525 www.harnett.org  
**Application for Building and Trade Permit**

Owner's Name: Cumberland Homes Date: 12/5/06  
Address: PO Box 727 Dunn, NC 28335 Phone: 892-4345  
Directions to job site from Lillington: 27 W / (TR) on Barbecue Church Rd. (TR) on Hoover Rd. / (TR) on Wellstone Dr. / (TR) on Old Laurel Ave.  
Subdivision: Persimmon Hill Lot: 4

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

Total Project Cost: \_\_\_\_\_ Description of Proposed Work: \_\_\_\_\_  
Heated SF 2332 Crawl Space ( ) Building Construction Cost \$ 94,000  
Unheated SF 624 Slab (X) Acres Disturbed \_\_\_\_\_ Stories 2

Cumberland Homes Telephone 910-892-4345  
Building Contractor's Company Name License # 59493  
Address PO Box 727 Dunn NC 28335

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Doug Rain  
**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 Telephone 919-499-5389

Electrical Contractor's Company Name License # 1200-76  
546 Leslie Dr. Sanford, NC  
Address  
William Wester Signature of Officer(s) of Corporation

**Mechanical Permit Information**  
Description of Work New Mechanical Cost \$ \_\_\_\_\_  
Number of Units 1 Type System Heat Pump  
Jacksons Heating + Air Telephone 910-891-5410  
Mechanical Contractor's Company Name

Address PO Box 82 Benson, NC License # 23670  
David Jackson Signature of Officer(s) of Corporation

**Plumbing Permit Information**  
Description of Work New Plumbing Cost \$ \_\_\_\_\_  
Number of Baths 2 1/2  
Glover Contract Plumbing Telephone 910-892-1612  
Plumbing Contractor's Company Name

Address PO Box 726 Coats, NC License # 23160  
Sharon Glover Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential ( ) Other ( ) Not Required ( )  
TRI CITY Insulation 418 Person St. Fay, NC Telephone 910-486-8855  
Insulation Contractor's Company Name & Address

**Sprinkler System Information - Commercial**

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Fire Alarm System Information - Commercial**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address

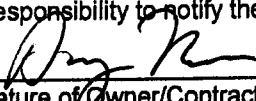
\_\_\_\_\_  
License #

\_\_\_\_\_  
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 Department of any and all changes.

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

12/5/06  
\_\_\_\_\_  
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: Cumberland Homes

By/Title: Darryl Morris

Date: 12/5/06

H-3

12/6/06

CUMBERLAND  
Homes

**Required Inspections for SFA/SFD**

Appl #  
Valuation  
Sq. Ft

0650016333  
\$188,873  
2907

- 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