

* 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.

Application # 16334

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.hamett.org
Application for Building and Trade Permit

Owner's Name: New Century Homes Date: 12/5/06
Address: PO Box 727 Dunn, NC 28335 Phone: 892-4345
Directions to job site from Lillington: 27 W/RTD on Barbeque Church Rd. RTD on Hoover Rd. /RTD on Wellstone Dr.
Subdivision: Persimmon Hill Lot: 59

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: _____

General Contractor Information
Heated SF 2466 Crawl Space () Building Construction Cost \$ 101,100
Unheated SF 624 Slab () Acres Disturbed _____ Stories 2

See attach

Danny Norris Telephone 910-892-4345
Building Contractor's Company Name License # 17113
Address PO Box 727 Dunn NC 28335

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

Electrical Permit Information
Description of Work New Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: 200 Amps

Wester & Pace Telephone 919-499-5389
Electrical Contractor's Company Name License # 1200-76
Address 546 Leslie Dr. Sanford, NC
Signature of Officer(s) of Corporation William Wester

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

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

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	_____ License #
_____ Address	
_____ Signature of Officer(s) of Corporation	

Fire Alarm System Information - Commercial

_____ Fire Alarm Contractor's Company Name	_____ Telephone
_____ Contact Person	_____ License #
_____ Address	
_____ 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	_____ Date
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**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: New Century Homes

By/Title: Larry Morris

Date: 12/5/06

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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: New Century Homes Date: 2/8/07
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.
Subdivision: Persimmon Hill Lot: -60-59

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 2141 Crawl Space () **General Contractor Information**
Unheated SF 576 Slab (X) Building Construction Cost \$ 87,000
Cumberland Homes Acres Disturbed _____ Stories 2
Building Contractor's Company Name Telephone 910-892-4345
PO Box 727 Dunn NC 28335 License # 59493
Address _____

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

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 # _____
546 Leslie Dr. Sanford, NC License # 1200-76
Address _____
Signature of Officer(s) of Corporation William Wester

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

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

Insulation Permit Information Residential () Other () Not Required ()
TRC CITY Insulation 418 Person St. Fay, NC Telephone 910-886-8855
Insulation Contractor's Company Name & Address

H-3

New CENTURY
12-6-06

Required Inspections for SFA/SFD

Appl # 0650016334
Valuation #198,684
Sq. Ft 3058

<u>Seq</u>		<u>Seq</u>	
10	<input checked="" type="checkbox"/> R*Bldg Footing	60	<input type="checkbox"/> Two Trade Final > 2500
10-30	<input checked="" type="checkbox"/> R*Elec Temp Service Pole	60	<input type="checkbox"/> One Trade Final
20	<input checked="" type="checkbox"/> R*Bldg Foundation	60	<input type="checkbox"/> One Trade Final > 2500
20	<input checked="" type="checkbox"/> Address Confirmation	999	<input checked="" type="checkbox"/> Envir. Operations Permit
30-999	<input type="checkbox"/> R*Open Floor		
30-999	<input checked="" type="checkbox"/> R*Bldg Slab Insp		
30-999	<input type="checkbox"/> R*Elec Under Slab		
30-999	<input checked="" type="checkbox"/> R*Plumb under Slab		
30-999	<input type="checkbox"/> R*Bldg Water/Damp Proofing		
40	<input type="checkbox"/> Four Trade Rough In		
40	<input checked="" type="checkbox"/> Four Trade Rough In > 2500		
40	<input type="checkbox"/> Three Trade Rough In		
40	<input type="checkbox"/> Three Trade Rough In > 2500		
40	<input type="checkbox"/> Two Trade Rough In		
40	<input type="checkbox"/> Two Trade Rough In > 2500		
40	<input type="checkbox"/> One Trade Rough In		
40	<input type="checkbox"/> One Trade Rough In > 2500		
50	<input checked="" type="checkbox"/> R*Insulation Inspection		
60	<input type="checkbox"/> Four Trade Final		
60	<input checked="" type="checkbox"/> Four Trade Final > 2500		
60	<input type="checkbox"/> Three Trade Final		
60	<input type="checkbox"/> Three Trade Final > 2500		
60	<input type="checkbox"/> Two Trade Final		