

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: 1-17-07
Address: PO Box 727 Dunn NC 28335 Phone: 892-4345
Directions to job site: 27 W / (TD) on 24 / (TR) on Cameron Hill Rd. / (TD) on
Yorkshire Dr.

Subdivision: Yorkshire Plantation Lot: 190
Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other
Description of Proposed Work: _____
Total Project Cost: _____

Building Permit Information

Heated SF 2508 Crawl Space () Building Construction Cost \$ 105,700
Unheated SF 576 Slab (X) Acres Disturbed _____ Stories 2
Cumberland Homes 910 892-4345
Building Contractor's Company Name Telephone _____
PO Box 727 Dunn NC 28335 59493
Address License # _____
Ray Davis
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 #23670
Address _____
William Wester
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New
Number of Units 1 Type System Heat Pump Mechanical Cost \$ _____
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 _____
David Jackson
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New
Number of Baths 2 1/2 Plumbing Cost \$ _____
Glover Contract Plumbing Inc.
Plumbing Contractor's Company Name Telephone ~~910-483-7002~~
Glover Contract Plumbing Inc. 910-892-1612
PO Box 726 Coats, NC
Shawn Glover

Address Shirley Glover
Signature of Officer(s) of Corporation

License # ~~4422~~ 23160

Insulation Permit Information

Residential (X) Other () Not Required ()
TRI-CITY Insulation () 418 Person St. Fay. 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.

Day Linn
Signature of Owner/Contractor/Officer(s) of Corporation

1-17-07
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: Rep's Century Homes
By/Title: Darryl Harris
Date: 1-17-07

Plan Box Number AA-2

Job Name DANNY NORRIS

Date: 1-17-07

Required Inspections for SFA/SFD

Appl. # 07500 16603

Valuation \$200,374

Sq. Feet 3084

Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
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
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