

SCANNED

2-29-08

DATE

Application #

* 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 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: Silverado Homes Date: 1-22-07
Address: PO Box 727 Dunn, NC 28335 Phone: 910 892-4345
Directions to job site from Lillington: 27 W/ (R) on Barbecue Ch. Rd. / (D) on Hoover Rd. / (E) on Wellstone Dr.
Subdivision: Persimmon Hill Lot: 78

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 2503 Crawl Space () Building Construction Cost \$ 104,000
Unheated SF 576 Slab () Acres Disturbed _____ Stories 2
Cumberland Homes Telephone 910-892-4345
Building Contractor's Company Name Address _____ License # 59498
PO Box 727 Dunn NC 28335

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

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 Address _____ License # 1200-76
546 Leslie Dr. Sanford, NC

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 _____ License # 23670
PO Box 82 Benson, NC

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 _____ License # 23160
PO Box 726 Coats, NC

Signature of Officer(s) of Corporation
[Signature]

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	_____ Date
--	---------------

1-22-07

**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: Silverado Homes

By/Title: Darryl Morris

Date: 1-22-07

Plan Box Number AA-2

Job Name DANNY NORRIS

Date: 1-23-07

Required Inspections for SFA/SFD

Appl. # 0250016679

Valuation \$ 200,374

Sq. Feet 3084

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input type="checkbox"/>	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
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
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
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit

HARNETT COUNTY PUBLIC UTILITIES

5/17/07, 7:56:16

CUSTOMER SERVICE APPLICATION

USER ID ADRIGGER

NAME SILVERADO HOMES
ADDRESS PO BOX 727
DUNN

NC 28335

CUSTOMER ID 99379
OLD ACCOUNT NUMBER

EXEMPT TAX NO PENALTY NO
CASH ONLY NO

SERVICE ADDRESS
120 OLD CORRAL AVE

CYCLE/ROUTE 07 07

LOCATION ID 85969
03

INITIATION DATE 5/17/07
JURISDICTION HARNETT COUNTY
INSIDE UNITS 1.00
SOCIAL SECURITY NUMBER
DOING BUSINESS AS
ALT CUSTOMER ID 2

CLASS RESIDENTIAL
SECTION SOUTHWEST
DRIVERS LIC NUMBER

WATER METERED METERED RATE
METER NUMBER PER078 UNITS 1.00

SERVICE ORDERS

153179 TO TURN ON

WA REQUEST DATE 5/17/07

MISC. INFORMATION

EMPLOYER SELF-DANNY NORRIS