

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 # _____
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: D & D Homes Date: 1-31-07
Address: PO Box 727 Dunn NC 28335 Phone: 892-4345
Directions to job site from Lillington: 27W RT on Appleton Way

Subdivision: Laurel Valley Lot: 11

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 2150 Crawl Space () Building Construction Cost \$ 86,400
Unheated SF 600 Slab () Acres Disturbed _____ Stories 2

Cumberland Homes 892-4345
Building Contractor's Company Name Telephone
PO Box 727 Dunn NC 28335 58498
Address Ray License #

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 919-499-5389
Electrical Contractor's Company Name Telephone
546 Leslie Dr. Sanford, NC 1200-76
Address License #

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 \$ _____

Jacksons Heating + Air 910-891-5410
Mechanical Contractor's Company Name Telephone
PO Box 82 Benson, NC 23670
Address License #

David Jackson
Signature of Officer(s) of Corporation

Plumbing Permit Information
Description of Work _____

Number of Baths 2 Plumbing Cost \$ _____

Glaver Contract Plumbing 910-892-1612
Plumbing Contractor's Company Name Telephone
PO Box 726 Wats, NC 23160
Address License #

Shawn Glaver
Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

TRI CITY Insulation 418 Person St. Fay, NC 910-486-8855
Insulation Contractor's Company Name & Address Telephone

**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: J & D Homes

By/Title: Larry Harris

Date: 1-31-07

Plan Box Number AA-1

Job Name CUMBERLAND HOMES

Date: 2-6-07

Required Inspections for SFA/SFD

Appl. # 07 500 16796

Valuation \$177,048

Sq. Feet 2725

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

2/19/07, 8:46:11

HARNETT COUNTY PUBLIC UTILITIES
CUSTOMER SERVICE APPLICATION

USER ID ADRIGGER

NAME D & D HOMES OF NC LLC
ADDRESS ATTN: DANNY NORRIS
PO BOX 727
DUNN NC 28335
EXEMPT TAX NO PENALTY NO
CASH ONLY NO

CUSTOMER ID 80373
OLD ACCOUNT NUMBER

SERVICE ADDRESS 130 BRIARWOOD PL
CYCLE/ROUTE 07 29
LOCATION ID 85213
03

INITIATION DATE 2/19/07
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 UNITS 1.00
METER NUMBER LV011

SERVICE ORDERS 145809 TO TURN ON WA REQUEST DATE 2/19/07

MISC. INFORMATION
WORK PHONE 9108924345