

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 85 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: D & D Homes Date: 1-29-07
Address: PO Box 727 Dunn NC 28335 Phone: 910 892-4345
Directions to job site from Lillington: 27 W/ (TD) on Appleton Way

Subdivision: Laurel Valley Lot: 53

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 2274 Crawl Space () Building Construction Cost \$ 91,300
Unheated SF 624 Slab () Acres Disturbed Stories 2
Cumberland Homes Telephone 910 892-4345
Building Contractor's Company Name Address PO Box 727 Dunn NC 28335 License # 59498

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

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

Mechanical Permit Information
Description of Work New
Number of Units 1 Type System Heat Pump Mechanical Cost \$ _____
Jacksons Heating + Air Telephone 910-891-5410
Mechanical Contractor's Company Name Address PO Box 82 Benson, NC License # 23670

Plumbing Permit Information
Description of Work New
Number of Baths 2 1/2 Plumbing Cost \$ _____
Glover Contract Plumbing Telephone 910-892-1612
Plumbing Contractor's Company Name Address PO Box 726 Coats, NC License # 23160

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

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

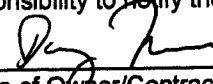
Address License #

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

1-29-07

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: D & D Homes
By/Title: Danny Morris
Date: 1-29-07

Slab

Plan Box Number AA-1

Job Name CUMBERLAND

Date: 2-6-07

Required Inspections for SFA/SFD

Appl. # 0750016797
Valuation \$186,209
Sq. Feet 2866

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

2/21/07, 8:59:11

HARNETT COUNTY PUBLIC UTILITIES
CUSTOMER SERVICE APPLICATION

USER ID JBROCK

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 228 APPLETON WAY
CYCLE/ROUTE 07 29
LOCATION ID 85179
03

INITIATION DATE 2/21/07
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 LV053 UNITS 1.00

SERVICE ORDERS

146000 TO TURN ON WA REQUEST DATE 2/21/07

MISC. INFORMATION

WORK PHONE 9108924345