

\* 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 27548  
 Telephone Number 910-893-7525 www.harnett.org  
**Application for Building and Trade Permit**

Owner's Name: Cumberland 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: 5

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 2516 Crawl Space ( ) Building Construction Cost \$ 106,100  
 Unheated SF 576 Slab (X) Acres Disturbed \_\_\_\_\_ Stories 2  
Cumberland Homes Telephone 910-892-4345  
 Building Contractor's Company Name License #  
PO Box 727 Dunn NC 28335 59493  
 Address \_\_\_\_\_

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

**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 23670  
 Address \_\_\_\_\_

**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 23160  
 Address \_\_\_\_\_

**Insulation Permit Information** Residential ( ) Other ( ) Not Required ( )  
[Signature]  
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
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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: Cumberland Homes

By/Title: Darryl Morris

Date: 2/8/07

Plan Box Number AA-2

Job Name DANNY NORRIS

Date: 2-9-07

Required Inspections for SFA/SFD

Appl. # 0750016816

Valuation # 199,724

Sq. Feet 3074

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 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

3/22/07, 11:48:43

HARNETT COUNTY PUBLIC UTILITIES  
CUSTOMER SERVICE APPLICATION

USER ID ADRIGGER

NAME CUMBERLAND HOMES  
ADDRESS PO BOX 727  
DUNN

NC 28335

CUSTOMER ID 64205  
OLD ACCOUNT NUMBER

EXEMPT TAX NO PENALTY NO  
CASH ONLY NO

SERVICE ADDRESS  
115 OLD CORRAL AVE

CYCLE/ROUTE 07 07

LOCATION ID 85896  
03

INITIATION DATE 3/22/07  
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 PER005 UNITS 1.00

SERVICE ORDERS

148358 TO TURN ON

WA REQUEST DATE 3/22/07