

\* 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 910-893-7526 www.harnett.org  
**Application for Building and Trade Permit**

Owner's Name: New Century Homes

Date: 2/8/07

Address: PO Box 727 Dunn, NC 28335

Phone: 892-4345

Directions to job site from Lillington: 27 W/RTD on Barbecue Church Rd. RTD on Hoover Rd. RTD on Wellstone Dr.

Subdivision: Persimmon Hill Lot: 60

Construction Type: (Please Check)  
 New  Moved House  
 Renovation  Addition  Other

Building Use: (Please Check)  
 Residential  Commercial  
 Modular  Multi-Family

Total Project Cost: \_\_\_\_\_ Description of Proposed Work: \_\_\_\_\_

Heated SF 2191 Crawl Space ( )  
Unheated SFS 76 Slab (X)

**General Contractor Information**

Building Construction Cost \$ 87,000  
Acres Disturbed \_\_\_\_\_ Stories 2

Building Contractor's Company Name  
Cumberland Homes

Telephone 910-892-4345

Address PO Box 727 Dunn NC 28335

License # 59493

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

Description of Work New Electrical Cost \$ \_\_\_\_\_

TS Pole: Yes (X) No ( ) Underground (X) Overhead ( )  
Permanent Service: Underground (X) Overhead ( ) Service Size: 200 Amps

Electrical Contractor's Company Name  
Wester & Pace

Telephone 919-499-5389

Address 546 Leslie Dr. Sanford, NC

License # 1200-76

Signature of Officer(s) of Corporation  
William Wester

Description of Work New Mechanical Cost \$ \_\_\_\_\_

Number of Units 1 Type System Heat Pump

Mechanical Contractor's Company Name  
Jacksons Heating + Air

Telephone 910-891-5410

Address PO Box 82 Benson, NC

License # 23670

Signature of Officer(s) of Corporation  
David Jackson

Description of Work New Plumbing Cost \$ \_\_\_\_\_

Number of Baths 2 1/2

Plumbing Contractor's Company Name  
Glover Contract Plumbing

Telephone 910-892-1612

Address PO Box 726 Coats, NC

License # 23160

Signature of Officer(s) of Corporation  
Sharon Glover

Insulation Contractor's Company Name & Address  
TRI CITY Insulation 418 Person St. Fay, NC

Telephone 910-886-8855

Application # \_\_\_\_\_

**Sprinkler System Information - Commercial**

_____ Sprinkler Contractor's Company Name	_____ Telephone
_____ Contact Person	_____ License #
_____ Address	
_____ Signature of Officer(s) of Corporation	

**Fire Alarm System Information - Commercial**

_____ Fire Alarm Contractor's Company Name	_____ Telephone
_____ Contact Person	_____ License #
_____ Address	
_____ 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

2/8/07  
\_\_\_\_\_  
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: New Century Homes

By/Title: Darryl Morris

Date: 2/8/07

Plan Box Number AA-2

Job Name DANNY NARRIS

Date: 2-9-07

Required Inspections for SFA/SFD

Appl. # 0759016817  
Valuation \$ 176,529  
Sq. Feet 2717

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  
CUSTOMER SERVICE APPLICATION

USER ID ADRIGGER

5/21/07, 7:59:04

NAME NEW CENTURY HOMES  
ADDRESS PO BOX 727  
DUNN NC 28335

CUSTOMER ID 10161  
OLD ACCOUNT NUMBER  
072801010

EXEMPT TAX NO PENALTY NO  
CASH ONLY NO

SERVICE ADDRESS CYCLE/ROUTE 07 07 LOCATION ID 85951  
47 WELLSTONE DR 03

INITIATION DATE 5/21/07 CLASS RESIDENTIAL  
JURISDICTION HARNETT COUNTY SECTION SOUTHWEST  
INSIDE UNITS 1.00 DRIVERS LIC NUMBER  
SOCIAL SECURITY NUMBER  
DOING BUSINESS AS  
ALT CUSTOMER ID 2

WATER METERED METERED RATE UNITS 1.00  
METER NUMBER PER060

SERVICE ORDERS 153460 TO TURN ON WA REQUEST DATE 5/21/07

MISC. INFORMATION  
OLD ACC # 07280101000 7/30/01  
WORK PHONE 7/30/01