

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

Owner's Name: Homes Builders 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: 70

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: _____

Heated SF 2274 Crawl Space (x) Building Construction Cost \$ 91,300
Unheated SF 624 Slab () Acres Disturbed _____ Stories 2

Camberland Homes Telephone 910-892-4345
Building Contractor's Company Name
PO Box 727 Dunn NC 28335 License # 59498
Address

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

Doug Rain
Description of Work New Electrical Permit Information 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
546 Leslie Dr. Sanford, NC License # 1200-76
Address

Signature of Officer(s) of Corporation
William Wester

Description of Work New Mechanical Permit Information Mechanical Cost \$ _____

Number of Units 2 Type System Heat Pump
Jacksons Heating + Air Telephone 910-891-5410

Mechanical Contractor's Company Name
PO Box 82 Benson, NC License # 23670
Address

Signature of Officer(s) of Corporation
David Jackson

Description of Work New Plumbing Permit Information Plumbing Cost \$ _____

Number of Baths 2 1/2
Glover Contract Plumbing Telephone 910-892-1612

Plumbing Contractor's Company Name
PO Box 726 Coats, NC License # 23160
Address

Signature of Officer(s) of Corporation
Sharon Glover

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
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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: HomeLo Builders

By/Title: Danny Morris

Date: 2/8/07

Plan Box Number AA-2

Job Name DANNY NORRIS

Date: 2-9-07

Required Inspections for SFA/SFD

Appl. # 0750016818
Valuation #186,209
Sq. Feet 2866

Sequence

10	<u> </u>	R* Bldg. Footing
10-30	<u> </u>	R* Elec. Temp Service Pole
20	<u> </u>	R* Building Foundation
20	<u> </u>	Address Confirmation
30-999	<u> </u>	Open Floor
30-999	<u> </u>	R* Bldg. Slab Insp.
30-999	<u> </u>	R* Elec. Under Slab
30-999	<u> </u>	R*Plumb. Under Slab
40	<u> </u>	Four Trade Rough In
40	<u> </u>	Four Trade Rough In > 2500
40	<u> </u>	Three Trade Rough In
40	<u> </u>	Three Trade Rough In > 2500
40	<u> </u>	Two Trade Rough In
40	<u> </u>	Two Trade Rough In > 2500
40	<u> </u>	One Trade Rough In
40	<u> </u>	One Trade Rough In > 2500
50	<u> </u>	R* Insulation
60	<u> </u>	Four Trade Final
60	<u> </u>	Four Trade Final > 2500
60	<u> </u>	Three Trade Final
60	<u> </u>	Three Trade Final > 2500
60	<u> </u>	Two Trade Final
60	<u> </u>	Two Trade Final > 2500
60	<u> </u>	One Trade Final
60	<u> </u>	One Trade Final > 2500
999	<u> </u>	Envir. Operations Permit

HARNETT COUNTY PUBLIC UTILITIES

5/17/07, 7:56:44

CUSTOMER SERVICE APPLICATION

USER ID ADRIGGER

NAME HOME CO BUILDERS
ADDRESS PO BOX 727
DUNN NC 28335

CUSTOMER ID 63245
OLD ACCOUNT NUMBER

EXEMPT TAX NO PENALTY NO
CASH ONLY NO

SERVICE ADDRESS 130 FAIR BARN RD
CYCLE/ROUTE 07 07
LOCATION ID 85961
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 UNITS 1.00
METER NUMBER PER070

SERVICE ORDERS 153180 TO TURN ON WA REQUEST DATE 5/17/07

MISC. INFORMATION
WORK PHONE 9103285257