

* 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: Silverado Homes Date: 2/8/07
 Address: PO Box 727 Dunn, NC 28335 Phone: 910 892-4345
 Directions to job site from Lillington: 27 W / (R) on Barbecue Ch. Rd. / (D) on Hoover Rd. / (B) on Wellstone Dr.
 Subdivision: Persimmon Hill Lot: 79

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 2480 Crawl Space () Building Construction Cost \$ 104,300
 Unheated SF 576 Slab (x) Acres Disturbed _____ Stories 2
Cumberland Homes 910-892-4345
 Building Contractor's Company Name Telephone
PO Box 727 Dunn NC 28335 59498
 Address 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 (x) No () Underground (x) Overhead ()
 Permanent Service: Underground (x) 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 #

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

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

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: Silverado 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. # 0750016819

Valuation \$198,554

Sq. Feet 3056

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

5/17/07, 7:57:13

CUSTOMER SERVICE APPLICATION

USER ID ADRIGGER

NAME SILVERADO HOMES
ADDRESS PO BOX 727
DUNN

NC 28335

CUSTOMER ID 99379
OLD ACCOUNT NUMBER

EXEMPT TAX NO PENALTY NO
CASH ONLY NO

SERVICE ADDRESS
146 OLD CORRAL AVE

CYCLE/ROUTE 07 07

LOCATION ID 85970
03

INITIATION DATE 5/17/07
JURISDICTION HARNETT COUNTY
INSIDE UNITS 1.00

CLASS RESIDENTIAL
SECTION SOUTHWEST
DRIVERS LIC NUMBER

SOCIAL SECURITY NUMBER
DOING BUSINESS AS
ALT CUSTOMER ID 2

WATER METERED METERED RATE
METER NUMBER PER079 UNITS 1.00

SERVICE ORDERS

153181 TO TURN ON

WA REQUEST DATE 5/17/07

MISC. INFORMATION

EMPLOYER SELF-DANNY NORRIS