

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-4759

**Application for Building and Trade Permit**

Owner's Name: New Century Homes Date: \_\_\_\_\_  
Address: PO Box 727 Dunn NC 28335 Phone: 910-892-4345  
Directions to job site: 27 N / (10) on 24 / (TR) on CAMERON HILL / TR on YORKSHIRE DRIVE

Subdivision: YORKSHIRE PLANTATION Lot: 191

Construction Type: (Please Check) Building Use: (Please Check)  
 New  Residential  
 Renovation  Modular  
 Addition  Commercial  
 Moved House  Multi-Family  
 Other

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

**Building Permit Information**

Heated SF 2466 Crawl Space ( ) Building Construction Cost \$ 101,100  
Unheated SF 624 Slab (  ) Acres Disturbed 2 Stories 2  
CUMBERLAND HOMES Telephone 910-892-4345  
Building Contractor's Company Name Telephone 59493  
PO Box 727 Dunn NC 28335 License # \_\_\_\_\_  
Address \_\_\_\_\_  
Signature of Officer(s) of Corporation \_\_\_\_\_

**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  
Electrical Contractor's Company Name Telephone \_\_\_\_\_  
546 Leslie Dr., Sanford NC 919-499-5389  
William Wester License # 1200-76  
Address \_\_\_\_\_  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Mechanical Permit Information**

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

**Plumbing Permit Information**

Description of Work New Plumbing Cost \$ \_\_\_\_\_  
Number of Baths 2 1/2  
Glover Contract Plumbing Inc.  
Plumbing Contractor's Company Name Telephone 910-493-7982  
Glover Contract Plumbing Inc. 910-892-1612  
PO Box 726 Coats, NC  
Shawn Glover

Address

Signature of Officer(s) of Corporation

*Spina Glover*

License # ~~2100~~ 23160

**Insulation Permit Information**

Residential (X) Other ( ) Not Required ( )

Tri City

Po Box 6405, Fayetteville, NC 910-486-8855

Insulation Contractor's Company Name

Address

Telephone

**Sprinkler System Information**

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

**Fire Alarm System Information**

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 Division of any and all changes.

*[Signature]*  
Signature of Owner/Contractor/Officer(s) of Corporation

2/13/07  
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 Blue

By/Title: Danny Morris

Date: 2/13/07



HARNETT COUNTY PUBLIC UTILITIES  
CUSTOMER SERVICE APPLICATION

USER ID ADRIGGER

2/26/07, 10:26:09

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 14 JUBILEE CT  
CYCLE/ROUTE 07 71  
LOCATION ID 84401  
09

INITIATION DATE 2/26/07  
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 YK40191 UNITS 1.00

SERVICE ORDERS 146377 TO TURN ON WA REQUEST DATE 2/26/07

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