

* 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.

SCANNED
 2-28-08
 DATE
 Harnett County Central Permitting
 PO Box 85 Lillington, NC 27548
 Telephone Number 910-893-7625 www.harnett.org
Application for Building and Trade Permit

Application # _____

Owner's Name: Cumberland Homes Date: 3/15/07
 Address: PO Box 727 Dunn NC 28375 Phone: 892-4345
 Directions to job site from Lillington: 27W / (TR) on Hower RD. / (TL) on
Wellsboro / (TR) on Old Corral Avenue
 Subdivision: Persimmon Hill Lot: 6

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 2274 Crawl Space () Building Construction Cost \$ 91,300
 Unheated SF 624 Slab () Acres Disturbed _____ Stories 2
Cumberland Homes 892-4345
 Building Contractor's Company Name Telephone 54493
PO Box 727 Dunn, NC 28375 License #
 Address [Signature]

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 Wester

Mechanical Permit Information

Description of Work New
 Number of Units 1 Type System Heat Pump Mechanical Cost \$ _____
Jacksons 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 _____
 Number of Baths 2 1/2 Plumbing Cost \$ _____
Glaver 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 Shawn Glaver

Insulation Permit Information Residential () Other () Not Required ()
TRI CITY Insulation 418 Persim St. Fay, NC 910-486-8855
 Insulation Contractor's Company Name & Address Telephone

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 _____

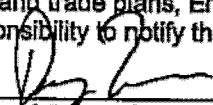
Address _____ License # _____

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

3/15/07

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: Cumberland Homes
By/Title: Harry Harris
Date: 3/15/07

Plan Box Number AA-1

Job Name DANNY NORRIS

Date: 3-16-07

Required Inspections for SFA/SFD

Appl. # 0750017125

Valuation \$186,209

Sq. Feet 2866

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		Open Floor
30-999	<input checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999	<input checked="" type="checkbox"/>	R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40		Four Trade Rough In > 2500
40		Three Trade Rough In
40		Three Trade Rough In > 2500
40		Two Trade Rough In
40		Two Trade Rough In > 2500
40		One Trade Rough In
40		One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60		Four Trade Final
60	<input checked="" type="checkbox"/>	Four Trade Final > 2500
60		Three Trade Final
60		Three Trade Final > 2500
60		Two Trade Final
60		Two Trade Final > 2500
60		One Trade Final
60		One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit