

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 910-893-7525 www.harnett.org
Application for Building and Trade Permit

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
Wellstae / (R) on Old Corral Avenue
Subdivision: Persimmon Hill Lot: 7

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 2366 Crawl Space () **General Contractor Information**
Unheated SF 624 Slab () Building Construction Cost \$ 97,500
Cumberland Homes Acres Disturbed _____ Stories 2
892-4345

Building Contractor's Company Name Telephone
PO Box 727 Dunn, NC 28375 59493
Address [Signature] License #

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

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 919-499-5389

Electrical Contractor's Company Name Telephone
546 Leslie Dr. Sanford, NC 1200-76
Address [Signature] License #

Signature of Officer(s) of Corporation

Description of Work New **Mechanical Permit Information**
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 [Signature] License #

Signature of Officer(s) of Corporation

Description of Work _____ **Plumbing Permit Information**
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 [Signature] License #

Signature of Officer(s) of Corporation

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

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 _____

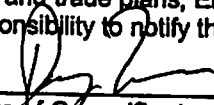
Address _____ License # _____

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 Morris
Date: 3/15/07

Plan Box Number AA-1

Job Name DANNY NORRIS

Date: 3-16-07

Required Inspections for SFA/SFD

Appl. # 0750017126

Valuation \$194,266

Sq. Feet 2990

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 DEPARTMENT OF PUBLIC UTILITIES

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available. I.D is Required.

Today's Date <u>3/15/07</u>	*Deposits shown apply for customers with approved credit only!		
Date Service Requested: <u>we will call</u>	Fees Due: Deposit, Owner, Water	\$25	Connection Fee,
	Deposit, Owner, Sewer	\$25	all accounts: \$15
	Deposit, Rental, Water	\$50	"
	Deposit, Rental, Sewer	\$50	Meter Fee: \$70

This agreement is to request Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and/or sewer service connections at the following location:

Please Print:

Service Address: LOT # 7 Persimmon Hill Landlord: _____

Applicant's Name: Cumberland Homes

Applicant's Social Security #: _____ DL#: _____ Birthdate: _____

Co-Applicant's Name: _____

Co-App's Social Security #: _____ DL#: _____ Birthdate: _____

Applicant's Billing Address: PO Box 727

Town: Dunn State: NC Zip: 28335

Home Phone #: 910-992-4345 Cell Phone #: _____

Previous Address: _____

Employer's Name: _____ Phone #: _____

Employer's Address: _____

Co-Applicant's Employer: _____ Phone #: _____

Name of Nearest Relative: _____ Phone #: _____

Mailing Address: _____

I, the undersigned, do agree to abide by the rules and regulations of the Harnett County Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my services without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature: [Signature]

Amount Paid: _____	Cash: _____	Check: _____	Account #: _____
Account # Transferred From: _____	Date To Turn Off: _____		
Address of Transferred Account: _____	Turn On: _____	Read Only: _____	Install: _____