

* 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: Briese Builders Date: 4-26-07
Address: PO Box 727 Dunn, NC 28335 Phone: 910 892-4345
Directions to job site from Lillington: 27 W / (TD) on Cameron Hill Rd. (TR) on
Yorkshire Dr. / (TR) on Gloucester Ct.
Subdivision: Yorkshire Plantation Lot: 168
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 2226 Crawl Space () Building Construction Cost \$ 95,200
Unheated SF 480 Slab (X) Acres Disturbed _____ Stories 2
Cumberland Homes 910-892-4345
Building Contractor's Company Name Telephone
PO Box 727 Dunn, NC 28335 59493
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 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 New
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 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

4-26-07

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: Biese Builders
By/Title: Darryl Morris
Date: 4-26-07

Plan Box Number AA 1

Job Name Cumberland

Date: 4-30-07

Required Inspections for SFA/SFD

Appl. # 07-5-17441
Valuation 175-813
Sq. Feet 2705

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		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		Four Trade Rough In
40	<input checked="" type="checkbox"/>	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