

17442

\* 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 / (TL) on Cameron Hill Rd. (TR) on  
Yorkshire Dr. / (TR) on Gloucester Ct.  
Subdivision: Yorkshire Plantation Lot: 169  
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 2299 Crawl Space ( ) Building Construction Cost \$ 93,600  
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 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 #  
William Wester

Signature of Officer(s) of Corporation  
**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 #  
David Jackson

Signature of Officer(s) of Corporation  
**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 #  
Shawn Glover

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

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: \_\_\_\_\_

By/Title: \_\_\_\_\_

Date: \_\_\_\_\_

*BRIESE BUILDERS*

*Darryl Morris*

*4-26-07*

Plan Box Number AA 1

Job Name Cumberland

Date: 4-30-07

Required Inspections for SFA/SFD

Appl. # 07-5-17442  
Valuation 186793  
Sq. Feet 2875

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		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