\*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: Silverado Howes		Date: 5-17-07
Address: Po Box 727 Ounn NC 28	335	Phone: 910 892 - 4345
Directions to job site from Lillington: 27 w	(The on Hower	Re. Film Wellstone
Go on Old conrul Ase.		The state of the s
Subdivision: Persimmen Hill		Lot: 80
Construction Type: (Please Check)	Building Use: (Please	Check)
New Moved House Renovation Addition Other	Residential	Commercial
Renovation Addition Other	IMOGUIAI	wde-ramily
Total Project Cost:Description of F	Proposed Work:	MATERIAL MAT
	Contractor Informatio Building Construction	
Unheated SF 576_Slab (4)	Building Construction Acres Disturbed	Stories 🕹
Comberland Homes		<u> </u>
Building Contractor's Company Name	Telephone	
Po Box 727 Dinn NC 28835		59493
Address		License #
Signature of Owner/Contractor/Officer(s) of Corp		of forms & wanters are
Description of Work New Electric  TS Pole: Yes M. No.() Underground M.	al Permit Information	on term & weixers comp
Description of Work New	Electrical Cos	t \$
TS Pole: Yes (x) No ( ) Underground (x) Permanent Service: Underground (x) Overhe		
tiles to the Document	au () Service Size.	Amps
Wester & Pace Electrical Contractor's Company Name	Telephone	99-5389
546 Leslie Dr. Sanford, NC	•	1200-76
Address		
Wellen Waster		
Signature of Officer(s) of Corporation	-	
Mechani	cal Permit Information	1
Description of Work New Type System <u>I</u>	teat Ruma Mech	anical Cost \$
Jacksons Heating + Air	910-	891-5410
Jacksons Heating + Air Mechanical Contractor's Company Name	Telephone	011-3-1.0
PO Box 82 Benson, NC		23670_
Addrpss		License #
Javid Jackson	_	
Signature of Officer(s) of Corporation		
Description of Work New Plumbin	g Permit Information	
Number of Baths 2/2	Plumbing Cost	\$
Glover Contract Plumbing	910 -	892-1612
Plumbing Contractor's Company Name 🔰	Telephone	• • • • • • • • • • • • • • • • • • • •
PO BOX 726 Coats, NC	NI SIKIN TO HISTORY	<u> 23160</u>
Address	-	License #
Shun Blaver	4	
Signature of Officer(s) of Corporation Insulation Permit Information	Recidential / \ Other	/ \ Not Required / \
TRI CITY Insulation 418 P		910 486-8855
Insulation Contractor's Company Name & Address	ES	Telephone
	Page 1 of 3	8/06

Sprinkler Contractor's Company Name  Contact Person  Address  License #  Signature of Officer(s) of Corporation  Fire Alarm System Information - Commercial  Fire Alarm Contractor's Company Name  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, by responsibility in polity the Harnett County Control County Control County Control County Control County Country Coun		Application #
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the Harriest County Central Permitting Department of any and all changes.	Mechanical codes, and the Harnett Councertaint is correct as known to me and pullding and trade plans. Environmental H	or the regulations in the Building, Electrical, Plumbing and bity Zoning Ordinance. I state the information on the above of if <u>any</u> changes occur including listed contractors, site plan, lealth permit changes or proposed use changes, I certify it is not central Permitting Department of any and all changes.
Signature of Owner/Contractor/Officer(s) of Corporation  Date	ignature of Owner/Contractor/Officer(s)	S 17-0 1

## Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigne	a applicant for Building Permit # being the:
	Contractor Owner
	Officer/Agent of the Contractor or Owner
Do hereby cor performing the v	nfirm under penalties of perjury that the person(s), firm(s) or corporation(s) 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.
compensation in	on the project for which this permit is sought it is understood that the Central artment issuing the permit may require certificates of coverage of worker's asurance prior to issuance of the permit and at any time during the permitted work it, firm or corporation carrying out the work.
Firm Name:	Silverado Homes
By/Title:	Louny Norris
Date:	5-47-07

Plan Box Number AA-2

Job Name CUMBERLAND
Homes
Date: 5-13-07

Required Inspections for SFA/SFD

## Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	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	R* Insulation
60	Four Trade Final
60	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	Envir. Operations Permit