

\* 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 # 50017668

Harnett County Central Permitting  
PO Box 85 Lillington, NC 27548  
Telephone Number 910-893-7525 www.harnett.org  
**Application for Building and Trade Permit**

Owner's Name: Home Co Builders Date: 5-30-07

Address: PO Box 727 Dunn NC 28335 Phone: 892-4345

Directions to job site from Lillington: 27w/ (RD) on Haver 1(TD) on wellstone  
(RD) on Fair Burn

Subdivision: Persimmon Hill Lot: 71

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 2440 Crawl Space () Building Construction Cost \$ 102,000  
Unheated SF 576 Slab () Acres Disturbed \_\_\_\_\_ Stories 2

Cumberland Homes Telephone 910 892-4345

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
PO Box 727 Dunn, NC 28335 License # 59493  
Address \_\_\_\_\_

Doug Hain  
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 () No () Underground () Overhead ()  
Permanent Service: Underground () Overhead () Service Size: 200 Amps

Wester & Pace Telephone 919-499-5389

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

William Wester  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work New Mechanical Cost \$ \_\_\_\_\_  
Number of Units 2 Type System Heat Pump

Jacksons Heating + Air Telephone 910-891-5410

Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
PO Box 82 Benson, NC License # 23670  
Address \_\_\_\_\_

David Jackson  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New Plumbing Cost \$ \_\_\_\_\_  
Number of Baths 2 1/2

Glaver Contract Plumbing Telephone 910-892-1612

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
PO Box 726 Coats, NC License # 23160  
Address \_\_\_\_\_

Shawn Glaver  
Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential () Other () Not Required ()

TRI CITY Insulation 418 Person St. Fay, NC Telephone 910 486-8855  
Insulation Contractor's Company Name & Address \_\_\_\_\_

**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	_____ Date
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5-30-07

**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: Home Co Builders

By/Title: Jerry Harris

Date: 5-30-07

