

\* 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 # 17670

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/ (12) on Haver (16) on wellstone  
(12) on Fair Burn

Subdivision: Persimmon Hill Lot: 73

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 180 Slab ( ) 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  No ( ) Underground  Overhead ( )

Permanent Service: Underground  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

**Mechanical Permit Information**

Description of Work New

Number of Units \_\_\_\_\_ 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

**Plumbing Permit Information**

Description of Work New

Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_

Glover 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

**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**

<u>Sprinkler Contractor's Company Name</u>	<u>Telephone</u>
<u>Contact Person</u>	
<u>Address</u>	<u>License #</u>
<u>Signature of Officer(s) of Corporation</u>	

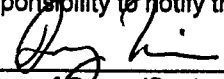
**Fire Alarm System Information - Commercial**

<u>Fire Alarm Contractor's Company Name</u>	<u>Telephone</u>
<u>Contact Person</u>	
<u>Address</u>	<u>License #</u>
<u>Signature of Officer(s) of Corporation</u>	

**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

5-30-07  
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: Home Co Builders

By/Title: Harry Morris

Date: 5-30-07

Plan Box Number AA-1

Job Name CUMBERLAND HOMES

Date: 6-4-07

Required Inspections for SFA/SFD

Appl. # 0750017670

Valuation #175,813

Sq. Feet 2706

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 checked="" type="checkbox"/>	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	<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