

* 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 # 111163

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: Cumberland Homes Date: 6-12-07

Address: PO Box 727 Dunn, NC 28335 Phone: 842-4345

Directions to job site from Lillington: 27 w/ (TR) on Appleton Way (R) on
Briarwood (TL) on Welshire Dr.

Subdivision: Laurel Valley Lot: 79

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 2480 Crawl Space Building Construction Cost \$ 126,480
Unheated SF 576 Slab () Acres Disturbed _____ Stories 2

Cumberland Homes 842-4345

Building Contractor's Company Name Telephone

PO Box 727 Dunn, NC 28335 59493

Address License #

Dry King
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 Mechanical Cost \$ _____

Number of Units 2 Type System Heat Pump

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 Plumbing Cost \$ _____

Number of Baths 2 1/2

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

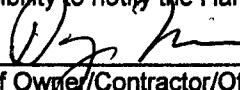
Address License #

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

6-12-07

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: CUMBERLAND HOMES

By/Title: Darryl Morris

Date: 6-12-07

