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
licence

		/′/	18	18	
Application	#			<u>-</u> -	•

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.hamett.org
Application for Building and Trade Permit

New Constant Have	Date: 6-19-07
Owner's Name: New Century Haves	Phone: 910 893 - 4345
Address: PO Box 727 Dunn, NC 28335	e Ch el (11) en
Address: PO BBX 121 DWM 1 On Bar be Cu	
Hoover Rd. /(TE) on Wellstone Dr.	
Subdivision: Persimmon 1+,11	Lot:6 l
Construction Type: (Please Check) New Moved House Residential Renovation Addition Other Modular	theck)CommercialMulti-Family
Total Project Cost:Description of Proposed Work: General Contractor Information	
Heated SF 28°2 Crawl Space () Unheated SF 142 Slab (*) Building Construction C Acres Disturbed	ost \$ 116,200
Unheated SF 142 Slab (*) Acres Disturbed	Stories
Cumberland Itomes 410-	892-4345
Building Contractor's Company Name Telephone	5040A
Po Box 727 Dunn NC 28335	- 1iones #
Address	License #
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of	form & workers comp
	t
Demonstrate Sprice: Underground M. Overhead () Service Size:	200Amps
Wester & Page 919-49	9-5389
Wester & Pace Electrical Contractor's Company Name Telephone	<u></u> .
546 Leslie Dr. Sanford, NC	1200 - 76 License #
Address	License #
William Waster	
Signature of Officer(s) of Corporation	
Mechanical Permit Information	
Description of Work New Type System Heat fump Mechanical Permit Information	nical Cost \$
Number of Units Type System Transfer P	391-5410
	311 31:0
Medianical Contractor o Company	23670
PO Box B2 Benson, NC	License #
Address Packson	
Signature of Officer(s) of Corporation Plumbing Permit Information	
Description of Work New	
Number of Baths Plumbing Cost	\$
Glover Contract Plumbing 910-89	2-1612
Plumbing Contractor's Company Name Telephone	
PO Box 726 Coats, NC	23160
Address	License #
Show Alore	
Signature of Officer(s) of Corporation Insulation Permit Information Residential () Other	() Not Required ()
TRI CITY Insulation 418 Person St. Fay. NC	910 486-0855
Insulation Contractor's Company Name & Address	Telephone

A	Application #
Sprinkler Sys	stem Information - Commercial
Sprinkler Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation Fire Alarm Sy	estem 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 A	ccess/Permit? Yes No
and that the construction will conform to the Mechanical codes, and the Harnett Country 2 contractors is correct as known to me and if a building and trade plans. Environmental Health	ake necessary application, that the application is correct regulations in the Building, Electrical, Plumbing and Zoning Ordinance. I state the information on the above any changes occur including listed contractors, site plan, the permit changes or proposed use changes, I certify it is Central Permitting Department of any and all changes.
Simple of Company Contractor (Officer (s) of Co	ornoration Date
Signature of Owner/Contractor/Officer(s) of Co	orporation Pate

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

The undersigne	d applicant for Building Permit #	being the:	
	Contractor Owner Officer/Agent of the Contractor or 0	Dwner	
	nfirm under penalties of perjury to work set forth in the permit:	hat the person(s), firm(s)	or corporation(s)
	Has/have three (3) or more emplo compensation insurance to cover		workers'
	Has/have one (1) or more subconcompensation insurance to cover		ained workers'
	Has/have one (1) or more subcon workers' compensation insurance		eir own policy of
	Has/have not more than two (2) e	mployees and no subcontra	ctors.
Permitting Dep compensation in	on the project for which this permartment issuing the permit may assurance prior to issuance of the pend, firm or corporation carrying out the	require certificates of cover rmit and at any time during	erage of worker's
Firm Name:	New Century 1th	mes	
By/Title:	New Century Horre	رم	
Date:	6-14-07		

Plan Box Number AA-/

Job Name CUMBERLAND
Homes
Date: 6-14-07

Required Inspections for SFA/SFD

Appl. # 07500/7818Valuation $\neq 210, 702$ Sq. Feet 3243

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	
40	Four Trade Rough In> 2500 Three Trade Rough In
40	Three Trade Rough In 2500
40	Two Trade Rough In
40	
40	Two Trade Rough In> 2500
40	One Trade Rough In
50	One Trade Rough In > 2500 R* Insulation
60	
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
	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit