

\* 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 # 17852

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: 6-11-07  
Address: P.O. Box 727 Dunn NC 28335 Phone: 910-892-4345  
Directions to job site from Lillington: 27 West from Lillington, (TL) on Buffalo Lakes Rd, (TL) into Crestview, (TL) on Pinevalley Lane  
Subdivision: CRESTVIEW Lot: 256

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: Two Story w/ Bonus Room

**General Contractor Information**  
Heated SF 2274 Crawl Space ( ) Building Construction Cost \$ 95,166  
Unheated SF 624 Slab ( ) Acres Disturbed .34 Stories 2  
Cumberland Homes, Inc. 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 (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 #

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 #  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**  
Description of Work New Plumbing Cost \$ \_\_\_\_\_  
Number of Baths 2.5  
Glover Contract Plumbing 910-892-1612  
Plumbing Contractor's Company Name Telephone  
P.O. 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**

\_\_\_\_\_  
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

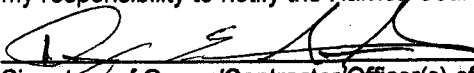
\_\_\_\_\_  
License #

\_\_\_\_\_  
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

6-11-07  
\_\_\_\_\_  
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: Jerry Morris  
Date: 6-11-07

Plan Box Number AA 2

Job Name Amberland

Date: 6-19-07

Required Inspections for SFA/SFD

Appl. # 07-50017852  
Valuation 184389  
Sq. Feet 2838

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input 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	<input type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input type="checkbox"/>	R* Plumb. Under Slab
40	<input type="checkbox"/>	Four Trade Rough In
40	<input checked="" type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input type="checkbox"/>	Four Trade Final
60	<input checked="" type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit