

* 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 # _____

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: 7-11-07
Address: P.O. Box 727 Dunn NC 28335 Phone: 910-892-4345
Directions to job site from Lillington: 27 W; (TL) on Buffalo
LAKES Rd; (TL) INTO S/D; (TL) on PINEVALLEY LANE
Subdivision: CRESTVIEW Lot: 257

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

Heated SF 2776 Crawl Space General Contractor Information Building Construction Cost \$ 95,166
Unheated SF 576 Slab () Acres Disturbed .34 Stories 2

Cumberland Homes, Inc. Telephone 910-892-4345
Building Contractor's Company Name Address PO Box 727 Dunn NC 28335 License # 59493

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 Address 546 Leslie Dr. Sanford, NC License # 1200-76

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 Address PO Box 82 Benson, NC License # 23670

Signature of Officer(s) of Corporation

Plumbing Permit Information
Description of Work New Plumbing Cost \$ _____
Number of Baths 2.5
Glover Contract Plumbing Telephone 910-892-1612

Plumbing Contractor's Company Name Address P.O. Box 726 Coats, NC License # 23160

Signature of Officer(s) of Corporation
Insulation Permit Information Residential () Other () Not Required ()
TRI CITY Insulation Telephone 910-486-8855
Insulation Contractor's Company Name & Address 418 Person St. Fay, NC

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

7-11-07

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: Darryl Morris
Date: 7-11-07

OWNER NAME: Cumberland Homes

APPLICATION #: 0750017993

This application to be filled out only when applying for a new septic system.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

DEVELOPMENT INFORMATION

- New single family residence
- Expansion of existing system
- Repair to malfunctioning sewage disposal system
- Non-residential type of structure

WATER SUPPLY

- New well
- Existing well
- Community well
- Public water
- Spring

Are there any existing wells, springs, or existing waterlines on this property? yes no unknown

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted Innovative
- Alternative Other
- Conventional Any

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant must attach supporting documentation.

- YES NO Does The Site Contain Any Jurisdictional Wetlands?
- YES NO Does The Site Contain Any Existing Wastewater Systems?
- YES NO Is Any Wastewater Going To Be Generated On The Site Other Than Domestic Sewage?
- YES NO Is The Site Subject To Approval By Any Other Public Agency?
- YES NO Are There Any Easements Or Right Of Ways On This Property?

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.


PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

7-11-07
DATE