

\* 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: MILLENNIAL HOMES Date: 7-18-07  
 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: 249

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 2332 Crawl Space   
 Unheated SF 624 Slab   
 Building Construction Cost \$ 93,942  
 Acres Disturbed 1.98 Stories 2  
Cumberland Homes, Inc. 910-892-4345  
 Building Contractor's Company Name Telephone  
P.O. Box 727 Dunn NC 28335 59493  
 Address License #

[Signature]  
 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 #  
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  
P.O. 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 2.5  
Glover Contract Plumbing 910-892-1612  
 Plumbing Contractor's Company Name Telephone  
P.O. Box 726 Coats, NC 23160  
 Address License #  
[Signature]  
 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

7-18-07  
\_\_\_\_\_  
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: McCluskey Homes

By/Title: Darryl Morris

Date: 7-18-07

CRAWL  
SPACE

Plan Box Number AA-2

Job Name CUMBERLAND

Date: 7-18-07

Required Inspections for SFA/SFD

Appl. # 0750018051  
Valuation \$188,872  
Sq. Feet 2907

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	_____	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	_____	R* Insulation
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
60	_____	One Trade Final
60	_____	One Trade Final > 2500
999	_____	Envir. Operations Permit