

Application # 18052

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. If owner, company name & phone must match information on license.

Harnett County Central Permitting  
PO Box 85 Lillington, NC 27546  
Telephone Number 910-893-7925 www.harnett.org  
**Application for Building and Trade Permit**

Owner's Name: Silverado Homes, LLC. Date: \_\_\_\_\_  
Address: P.O. Box 727 Dunn NC 28335 Phone: 910-892-4345  
Directions to job site from Lillington: TL on Buffalo Lakes Rd;  
TL into S/D; TL on Pinevalley lane  
Subdivision: CRESTVIEW Lot: 262

Construction Type: (Please Check)  
 New  Moved House  Other  
 Renovation  Addition  
Building Use: (Please Check)  
 Residential  Commercial  
 Modular  Multi-Family

Total Project Cost: \_\_\_\_\_ Description of Proposed Work: Two Story w/ Bonus Room

**General Contractor Information**  
Heated SF 2226 Crawl Space ( )  
Unheated SF 480 Slab ( )  
Building Construction Cost \$ 95,166  
Acres Disturbed .35 Stories 2  
Cumberland Homes, Inc. Telephone 910-892-4345  
Building Contractor's Company Name  
PO Box 727 Dunn NC 28335 License # 59493  
Address

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 Telephone 919-499-5389  
Electrical Contractor's Company Name  
546 Leslie Dr. Sanford, NC License # 1200-76  
Address

Signature of Officer(s) of Corporation William Wester  
**Mechanical Permit Information**  
Description of Work New Mechanical Cost \$ \_\_\_\_\_  
Number of Units 1 Type System Heat Pump  
Jacksons Heating + Air Telephone 910-891-5410  
Mechanical Contractor's Company Name  
PO Box 82 Benson, NC License # 23670  
Address

Signature of Officer(s) of Corporation David Jackson  
**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  
P.O. Box 726 Coats, NC License # 23160  
Address

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

Application # \_\_\_\_\_

**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

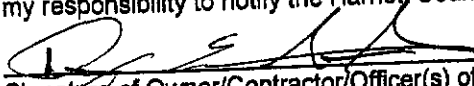
\_\_\_\_\_  
License #

\_\_\_\_\_  
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: Silverado Hayes  
By/Title: Danny Harris  
Date: 7-18-07

Plan Box Number AA-2

Job Name CUMBERLAND

SLAB

Date: 7-18-07

Required Inspections for SFA/SFD

Appl. # 0750018052  
Valuation \$175,813  
Sq. Feet 2706

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