

* 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 # 0750018691

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: LOWELL BUTTRIDGE Date: 12-MAY-2008
Site Address: LT #5 TRELIS CT LILLINGTON Phone: 910-964-7218
Directions to job site from Lillington: HWY 210N TOWARDS ANGLIER. LEFT ONTO
TRIPP ROAD. ~~RIGHT~~ ONTO SCUPPERNONG, RIGHT ONTO
TRELIS COURT. LEFT JOB SITE OR RIGHT IN CUR-DE-SAC
Subdivision: VINEYARD GREEN Lot: # 5
Description of Proposed Work: NEW RESIDENTIAL #Bedrooms: 3
Heated SF 2842 Unheated SF 641 Finished Rec Room? 0 Crawl Space () Slab ()

General Contractor Information

BRAD D. CUMMINGS CONST CO INC 814-3232
Building Contractor's Company Name Telephone
PO Box 145 SANFORD 27331 50054
Address License #

Must sign & fill out second page

Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work NEW ELEC Service Size: 400 Amps TPole: yes/no

PIONEER ELECTRICAL & Maintenance Co, Inc 919-499-7767
Electrical Contractor's Company Name Telephone
80 New Thomas Rd Lillington, NC 27546 21643-V
Address License #

Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work HVAC SYSTEM
BEASLEY'S HEATING & AIR 919-894-4648
Mechanical Contractor's Company Name Telephone
Beasley's Heating & A/C, Inc. 9497
Address License #

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work NEW PLUMBING # Baths 3
WAGNER PLUMBING 910-893-3050
Plumbing Contractor's Company Name Telephone
Box 494 MAMERS, N.C. 07674
Address License #

Signature of Officer(s) of Corporation

Insulation Permit Information

TCI CITY INSULATION 910-486-6008
Insulation Contractor's Company Name & Address Telephone

Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

- 1. Do you own the land on which this building will be constructed? yes no
- 2. Have you hired or intend to hire an individual to superintend and manage construction of the project? yes no
- 3. Do you intend to directly control & supervise construction activities? yes no
- 4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? yes no
- 5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the 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, number of bedrooms, 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

Date

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

The undersigned applicant being the:

General 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 three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no 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.

Company or Name: BRAD P. CUMMINGS CONST. CO. INC.

Sign w/Title: BRAD P. CUMMINGS PRESIDENT Date: 12-MAY-2008

(SLAB)

Plan Box Number A-1

Job Name BRAD Cummins

Date: 5-14-08

Required Inspections for SFA/SFD

07
Appl. # 0850078691
Valuation \$226,296
Sq. Feet 3483

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" 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 type="checkbox"/>	Open Floor
30-999	<input checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input checked="" 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