

Ent +  
rec 11-9-07 VCO

Application #

0750018817 SFD

\* 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.

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: CMN Builders Inc. Date: 11/5/07  
Address: 345 Cottle Lake Dr. Coats, NC Phone: 910) 897-6650

Directions to job site from Lillington: 4215 past Campbell take left onto Hwy 2700 - take immediate  
right on Brickmill Rd - appx 2 miles turn left into Cottle Stone Sub - take 3rd left (Vic Road 2nd on left.  
Subdivision: Cottle Stone Lot: 24

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

Total Project Cost: 250,000.00 Description of Proposed Work: new construction

**General Contractor Information**

Heated SF  Crawl Space (X) Building Construction Cost \$ 225,000.00  
Unheated SF  Slab ( ) Acres Disturbed .58 Stories 2  
CMN Builders Inc. 910) 897 6650 919 796 1360  
Building Contractor's Company Name Telephone  
345 Cottle Lake Dr. Coats NC 27521 59282  
Address License #

Signature of Owner/Contractor/Officer(s) of Corporation -- Must sign back of form & workers comp

**Electrical Permit Information**

Description of Work Electrical wiring Electrical Cost \$ 6,000.00  
TS Pole: Yes (X) No ( ) Underground (X) Overhead ( )  
Permanent Service: Underground (X) Overhead ( ) Service Size: 200 Amps  
Jason Edward Byrd 893-5612  
Electrical Contractor's Company Name Telephone

825 Neils Creek Rd Lillington NC 27546 22842  
Address License #  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work HVAC  
Number of Units 2 Type System Elect. Mechanical Cost \$ 6,500.00  
Randy Lee Jackson 843 247-0954  
Mechanical Contractor's Company Name Telephone

1204 West Divine St Dunn NC 28334 18512  
Address License #  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work plumb house  
Number of Baths 3 Plumbing Cost \$ 6,500.00  
Braxton Shane Wilson 919) 375-4099 919) 269-6523  
Plumbing Contractor's Company Name Telephone

9608 Oakley Rd Zebulon NC 27597 18212  
Address License #  
Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential (X) Other ( ) Not Required ( )

Wake Insulation 2112 Scaring Eagle Ct. Wendell NC (919) 235-5471  
Insulation Contractor's Company Name & Address Telephone  
27591

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

The undersigned applicant for Building Permit # \_\_\_\_\_ 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/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: CMN Builders Inc.  
Sign/Title: [Signature] VP  
Date: 11/5/07

**Commercial Jobs must fill out this portion**  
**Sprinkler System Information**

N/A  
 Sprinkler Contractor's Company Name \_\_\_\_\_ Contact & Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ License # \_\_\_\_\_  
 Signature of Officer(s) of Corporation \_\_\_\_\_

**Fire Alarm System Information**

N/A  
 Fire Alarm Contractor's Company Name \_\_\_\_\_ Contact & Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ License # \_\_\_\_\_  
 Signature of Officer(s) of Corporation \_\_\_\_\_

**Driveway Access** - NC Department of Transportation Driveway Access/Permit?      Yes      No

**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

\_\_\_\_\_  
Sign & date

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 Hamett 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 Hamett County Central Permitting Department of any and all changes.

[Signature]      11/5/07  
 Signature of Owner/Contractor/Officer(s) of Corporation      Date

CRAWL

Plan Box Number B-2

Job Name CMN BUILDERS

Date: 11-9-07

Required Inspections for SFA/SFD

Appl. # 0750018817

Valuation 246,047

Sq. Feet 3787

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 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