

* 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
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit

Owner's Name: Silverado Homes Date: 1-22-08
Site Address: _____ Phone: 892-4345
Directions to job site from Lillington: 27 W (TR) on Hoover Rd. (TD) on Wellsford Dr (TD) on Fair Burn

Subdivision: Persimmon Hill Lot: 77

Description of Proposed Work: _____ #Bedrooms: 3
Heated SF 2833 Unheated SF 600 Finished Rec Room? 434 Crawl Space () Slab (✓)

General Contractor Information

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

Dany Harris Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work New Service Size: 200 Amps TPole yes no
Wester + Pace Telephone 919-499-5389
Electrical Contractor's Company Name
546 Leslie Dr. Sanford, NC License # 12007-U
Address

William Wester
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New
Jacksons Heating + Air Telephone 910-891-5410
Mechanical Contractor's Company Name
PO Box 82 Benson, NC License # 23670
Address

David Jackson
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New # Baths 2 1/2
Glover Contract Plumbing Telephone 910-892-1612
Plumbing Contractor's Company Name
PO Box 726 Coats, NC License # 23160
Address

Shawn Glover
Signature of Officer(s) of Corporation

Insulation Permit Information

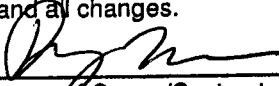
Tri-City Insulation 418 Person St. Fay, NC Telephone 910-486-8855
Insulation Contractor's Company Name & Address

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

1-22-08
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: Cumberland Homes

Sign w/Title: Dy his owner Date: 1-22-08

SLAB

606

Plan Box Number AA1

Job Name Silverado Homes

Date: 1-22-08

Required Inspections for SFA/SFD

Appl. # 08-80019242
Valuation \$223437
Sq. Feet 3439

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20		Address Confirmation
30-999		Open Floor
30-999	<input checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999	<input checked="" type="checkbox"/>	R*Plumb. Under Slab
40		Four Trade Rough In
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60		Four Trade Final
60	<input checked="" type="checkbox"/>	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

N.