

* 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 # 0850019303

Harnett County Central Permitting
PO Box 66 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Woodbine Partners Date: 5-27-08
Site Address: LOT 206 Woodbine Phone: _____
Directions to job site from Lillington: Hwy 77 West T.L. Nursery Rd T.L. Woodbine on wood point T.R. Kimbrough T.L. Wood Sage Ln. T.R. Orange wood Ct
Subdivision: Woodbine Lot: 206
Description of Proposed Work: New House #Bedrooms: 4
Heated SF 2600 Unheated SF _____ Finished Rec Room? Yes Crawl Space Slab ()

General Contractor Information

CECO Const Inc 910 984 6765
Building Contractor's Company Name Telephone
670 Gribbin Rd Lillington NC 27546 14856
Address License #

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

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: 200 Amps
JM Pope Elect 910 890 2655
Electrical Contractor's Company Name Telephone
3482 Cameron Drive 21226
Address License #
James M. Pope II
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____ Mechanical Cost \$ _____
Number of Units _____ Type System _____
JONES + JONES 910 424-7702
Mechanical Contractor's Company Name Telephone
5217 Massacott Hope Mills NC 28348 4243 11614
Address License #
Walter Jones
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ Plumbing Cost \$ _____
Number of Baths _____
Richard Allen Callahan 910 476-2441
Plumbing Contractor's Company Name Telephone
318 Penn St SE Falls NC 28748 91-26497
Address License #
Richard Allen Callahan
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential () Other () Not Required ()
DIOWN RITE
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]
Signature of Owner/Contractor/Officer(s) of Corporation

5-27-08
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: CEBLO CONST ETC

Sign w/Title: *[Signature]* Date: 5-27-08

Plan Box Number B-2

Job Name KREW Cummings

Date: 5-29-08

Required Inspections for SFA/SFD

Appl. # 0850019303
Valuation \$ 207,129
Sq. Feet 3188

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

LID 87733