*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: New Conting Homes	Date: 2-1-08			
Site Address:	Phone: 892-9345			
Directions to job site from Lillington: 27 w /				
Laurel Volley Subd.				
Subdivision: Lawel Walley	Lot: 54			
Description of Proposed Work:	• ***			
Heated SF 2653 Unheated SF 600 Finished	d Rec Room? 436 Crawl Space (4) Slab			
Cumberland Homes	910-892-4345			
Building Contractor's Company Name	Telephone			
PO BOX 121 Dunn, NC 28335	59493			
Address Dany Visitis	License #			
Hany hours	Must sign & fili out second page			
Signature of Owner/Contractor/Officer(s) of Corporation	on rmit information			
Description of Work New Serv	rice Size: 200 Amps TPole. yes/no			
Wester + Pace	919 - 499 - 5389			
Electrical Contractor's Company Name	Telephone			
5A6 Leslie Dr. Sanford, NC	12007-L			
Address ~	License #			
William Wester				
Signature of Officer(s) of Corporation	ermit information			
Description of Workນໍຍຸພ				
Jacksons Heating + Air	910-891-5410			
Mechanical Contractor's Company Name	Telephone			
Pa Bax 82 Benson NC	23670			
Address	License #			
One Dockson	*			
Signature of Officer(s) of Corporation				
-	mit Information			
Description of Work New	# Baths			
Glover Contract Plumbing	910-892-1612			
lumbing Contractor's Company Name	Telephone			
PO BOX 726 Coats, NC	23160			
Shown Morer	License #			
ignature of Officer(s) of Corporation				
Insulation Permit Information				
	nit Information			

Application	#
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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)
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 pranges.
2-1-08
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 o issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.
Sign w/Title: Dy Zis /owner
Sign w/Title: Date: 2-1-08

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

WATER USER'S AGREEMENT

Form Must be Completed in Full Before Service is Made Available. ID is Required.

Today's Date: 2-1-08	*Deposits shown apply for customers with approved credit only! Fees Due: Deposit, Owner, Water \$25 Connection Fee, Deposit, Owner, Sewer \$25 all accounts: \$15
Date Service Requested: will call	Deposit, Rental, Water \$50 Deposit, Rental, Sewer \$50 Meter Fee: \$70
This agreement is to request Harnett County Department of P and Regulations, to provide water and/or sewer service connections.	rublic Utilities through normal procedures and in accordance with the District's Rules ections at the following location:
Please Print: Subdivision Laure Valley	Lot # 54 Permit # (if applicable) 1934
Service Address: Apple ton Way	Landlord:
Applicant's Name: New Century (tan	nos
Co-Applicant's Name:	
Mailing Address: PD Box 727	
(1)	State: NC Zip: >8335
Home Phone Number: 812 - A345	Contact Phone Number:
Previous Address:	
Customer's Social Security #:	Co-App's Social Security #:
Customer's Drivers License #:	
Co-App's Drivers License #:	Birthdate:
Employer:	
Employer's Address	Employer's Phone #:
Co-Applicant's Employer and Phone #:	
Name of Nearest Relative:	Phone #:
Mailing Address:	
notice. In order for service to be restored, I will be required to partition to collect on an account will be the responsibility of the content of the conte	regulations of the Harnett county Department of Public Utilities. Should I fail to SEWER bill, the department has the right to disconnect my services without further pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court customer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be a bill regardless of whether water and/or sewer is being used, until the property is not you are at least 18 years of age.
Customer Signature:	
amount Paid: Cash:	Check: Account #: CID: LID: 85
account # Transferred From:	Date To Turn Off:
ddress of Transferred Account:	Turn On:Read Only:Install:

AA2

Plan Box Number ______

Job Name New Century Home

Date: 2-4-08

Required Inspections for SFA/SFD

Appl. # <u>08-50019349</u> Valuation <u>\$211352</u> Sq. Feet <u>3253</u>

Sequence

10	R* Bldg. Footing	
10-30	R* Elec. Temp Service Pole	
20	R* Building Foundation	
20	Address Confirmation	
30-999	Open Floor	2 653
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	
	operations i offinit	