

* 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 # 08500/19565

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: Harnett Cummings Date: 3-10-08
 Site Address: 636 Grubbs Rd Lillington NC 27546 Phone: 910-9846765
 Directions to job site from Lillington: Hwy 27 west to 2nd Millery
To the Samuel To the Wood Shire To R. School
To the Hill Brought out on Right
 Subdivision: Wood Shire Lot: 216
 Description of Proposed Work: New House #Bedrooms: 3
 Heated SF 1785 Unheated SF 576 Finished Rec Room? Yes Crawl Space () Slab ()

General Contractor Information

CRDC Construction Inc 910 984-6765
 Building Contractor's Company Name Telephone
636 Grubbs 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 (X) No () Underground (X) Overhead ()
 Permanent Service: Underground () Overhead () Service Size: 200 Amps
J.M. Pope Elect 910 890 3655
 Electrical Contractor's Company Name Telephone
2483 Cameron Drive 21226
 Address License #
James M. Pope II
 Signature of Officer(s) of Corporation

Mechanical Permit Information

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

Plumbing Permit Information

Description of Work _____
 Number of Baths _____ Plumbing Cost \$ _____
Richard Allen Callahan 910 476-2441
 Plumbing Contractor's Company Name Telephone
318 Rand A St 57 Falls NC 28748 910-26497
 Address License #
Richard Allen Callahan
 Signature of Officer(s) of Corporation

Insulation Permit Information

Residential (X) Other () Not Required ()
Divan 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] 3-10-08
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:
CEBC General Contractor [Signature] Owner [Signature] 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: CEBC Const Co LLC
Sign w/Title: [Signature] V.P. Date: 3-10-08

Plan Box Number I-C

Job Name KENNETH CUMMINGS

Date: 3-11-08

Required Inspections for SFA/SFD

Appl. # 08500 19565

Valuation \$ 181,920

Sq. Feet 2860

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 checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input checked="" 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