

19569

Application #

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

Application for Residential Building and Trades Permit

Owner's Name: NEW CENTURY HOMES Date: 3/5/08  
Site Address: #215 WOODSHIRE Phone: 892-4345  
Directions to job site from Lillington: 27 W / (TL) on Nursery Rd. / (TL) on Lemuel Blank Rd. / (TL) on Woodshire Dr. / (FR) on Sonora Dr. / (TL) on Kimbrock LOT on Right  
Subdivision: Woodshire Lot: 215

Description of Proposed Work: 2 story w/ Bonus Room #Bedrooms: 3  
Heated SF 2486 Unheated SF 912 Finished Rec Room? 468 Crawl Space ( ) Slab (X)

General Contractor Information

Cumberland Homes Telephone 910-892-4345  
Building Contractor's Company Name  
PO Box 727 Dunn, NC 28335 License # 59493  
Address  
Danny 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 Wapton  
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 \_\_\_\_\_  
Curtis Faircloth Plumbing Telephone 910-531-3111  
Plumbing Contractor's Company Name  
5056 Elizabethtown Hwy Roseboro, NC 28382 License # 7269  
Address  
Curtis Faircloth  
Signature of Officer(s) of Corporation

Insulation Permit Information

Tri-City Insulation 418 Person St. Fuy., 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]  
Signature of Owner/Contractor/Officer(s) of Corporation

3/5/08  
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: [Signature] his owner

Date: 3/5/08

**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: <u>3/5/08</u>	<b>*Deposits shown apply for customers with approved credit only!</b>	
Date Service Requested: <u>Will call</u>	Fees Due: Deposit, Owner, Water \$25	Connection Fee, all accounts: \$15
	Deposit, Owner, Sewer \$25	
	Deposit, Rental, Water \$50	Meter Fee: \$70
	Deposit, Rental, Sewer \$50	

This agreement is to request Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and/or sewer service connections at the following location:

Please Print: Subdivision WOODSHIRE Lot # 215 Permit # (if applicable) 19569

Service Address: \_\_\_\_\_ Landlord: \_\_\_\_\_

Applicant's Name: NEW CENTURY HOMES

Co-Applicant's Name: \_\_\_\_\_

Mailing Address: PO Box 727

Town: Dunn State: NC Zip: 28335

Home Phone Number: 892-4345 Contact Phone Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Customer's Social Security #: _____	Co-App's Social Security #: _____
Customer's Drivers License #: _____	Birthdate: _____
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: \_\_\_\_\_

I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my services without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature: [Signature]

Amount Paid: _____	Cash: _____	Check: _____	Account #: _____	CID: _____	LID: <u>87714</u>
Account # Transferred From: _____			Date To Turn Off: _____		
Address of Transferred Account: _____			Turn On: _____	Read Only: _____	Install: _____

