

* 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 # 1785001995B

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 LLC Date: 5-6-08
Site Address: LOT 166 Woodshire Phone: 910 584 6765
Directions to job site from Lillington: Hwy 27 West To L. Nursery
To L. Lemuel Black To L. Woodshire To R. Sandora
To R. Tookwood Lot on right
Subdivision: Woodshire Lot: 166
Description of Proposed Work: new house #Bedrooms: 4
Heated SF 2600 Unheated SF 500 Finished Rec Room? yes Crawl Space () Slab ()

General Contractor Information

CECC Const 910 584-6765
Building Contractor's Company Name Telephone
670 Grubbin 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 Pure Elect 910 890 3655
Electrical Contractor's Company Name Telephone
3482 Cameron Drive 21326
Address License #
James M. Joyce II
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____ Mechanical Cost \$ _____
Number of Units _____ Type System _____
JONES & JONES 910 484-7702
Mechanical Contractor's Company Name Telephone
5217 Manacour Hope Mills NC 28349 H-202 11614
Address License #
Walter Jones
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ Plumbing Cost \$ _____
Number of Baths _____
Richard Allen Cochran 910 473-2441
Plumbing Contractor's Company Name Telephone
318 Bond St Ste 1015 NC 28349 P1-26497
Address License #
Richard Allen Cochran
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential () Other () Not Required ()
DIUWN 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

5-6-08
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: CEBCO CONST LLC

Sign w/Title: [Signature] Date: 5-6-08