* 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.hamett.org
Application for Residential Building and Trades Permit

| 5-1 | 2 OF |
|-----|------|
| | DATE |

| Application to treatest | | |
|---|---|------|
| Owner's Name: Silverado Homes LU | C Date: 5-13-08 | |
| Site Address: | Phone: 892 - 4345 | |
| Directions to job site from Lillington: 27 w/ | (TD on Hower (TD on Trail Riden | , |
| | | |
| Subdivision: Persimmum Hill | Lot: 8 | ı |
| Description of Proposed Work: | #Bedrooms: 3 | |
| Heated SF 2498 Unheated SF 576 Finish General Co | hed Rec Room? 436 Crawl Space () | Slat |
| Cumberland Homes | 910-892-4345 | |
| Building Contractor's Company Name | Telephone | |
| PO Box 727 Dunn, NC 2833 | <u> 59493 </u> | |
| Address Dany harris | License # | |
| Signature of Owner/Contractor/Officer(s) of Corpore | Must sign & fill out second page ration | |
| Electrical | Permit information | |
| | ervice Size: 200 Amps TPole yes no | |
| Wester + Pace | 919 - 499 - 5389 | |
| Electrical Contractor's Company Name | Telephone | |
| 5A6 Leslie Or. Sanford, NC | 12007-L | |
| Address - | License # | |
| William Waster | | |
| Signature of Officer(s) of Corporation Mechanical | l Permit Information | |
| Description of Work New | 300.000 1 1 2 3 (| |
| | 910 - 891 - 5410 | |
| Jacksons Heating & Air Mechanical Contractor's Company Name | Telephone | |
| Pa Bax 82 Benson NC | 23670 | |
| Address | License # | |
| Out Jockson | | |
| Signature of Officer(s) of Corporation | Manager 14 ford a comparable or | |
| | Permit Information # Baths 21/2 | |
| | | |
| Glover Contract Plumbing | 910-892-1612 | |
| lumbing Contractor's Company Name | Telephone | |
| Po Box 726 Coats, NC | 23160 | |
| ddress | License # | |
| Show More Signature of Officer(s) of Corporation | | |
| | Permit information | |
| Tri-City Insulation 418 Person St. | | |
| nsulation Contractor's Company Name & Address | Telephone | |
| | | |

| Application | # |
|---------------|----|
| Tylifyremenow | // |

| 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? |
| 3. Do you intend to directly control & supervise construction activities? yes no |
| Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? yesno |
| 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? |
| yesno |
| 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. |
| Dy hi 5-13-08 |
| 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: |
| 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 |
| The undersigned applicant being the: |
| The undersigned applicant being the: |
| 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: |
| 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 |
| 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 |
| 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. White 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. |
| The undersigned applicant being the: General ContractorOwnerOfficer/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 |

Plan Box Number 42-2

Job Name_ 5/LVERADO

Date: $5-16-\infty$

Required Inspections for SFA/SFD

Appl. # 0856070079Valuation 199,722Sq. Feet 3074

Sequence

| 10 | R* Bldg. Footing |
|--------|----------------------------|
| 10-30 | R* Elec. Temp Service Pole |
| 20 | R* Building Foundation |
| 20 | Address Confirmation |
| 30-999 | Open Floor |
| 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 |
| 50 | Four Trade Final > 2500 |
| 50 | Three Trade Final |
| 50 | Three Trade Final > 2500 |
| 60 | Two Trade Final |
| 50 | Two Trade Final > 2500 |
| 0 | One Trade Final |
| 0 | One Trade Final > 2500 |
| 99 | Envir. Operations Permit |
| | Operations I chill |

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

Water User's Agreement

| Form Must be Completed in | Full Before Service is Made Availabl | le. I.D is Required. |
|--|--|---|
| and the state of t | | |
| 6.13-00 | *Deposits shown apply for custome | \$25 Connection Fee. |
| Today's Date 5-13-08 | Fees Due: Deposit, Owner, Water | \$25 Connection Fee. \$25 all accounts: \$15 |
| للام لاتر . | Deposit, Owner, Sewer Deposit, Rental, Water | \$50 |
| Date Service Requested: will call | Deposit, Rental, Water Deposit, Rental, Sewer | \$50 Meter Fee: \$70 |
| | | |
| This agreement is to request Harnett County Departme | nt 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 tocation: | |
| Please Print: | time Lotte 8 Landlor | _ |
| Service Address: Vail 16.00 C | Landlor Landlor | 'd: |
| Please Print: Service Address: Trail Rider L Applicant's Name: Silverado He | sues | |
| Applicant's Name: | AM | |
| Applicant's Social Security #: | DL#: | Birthdate: |
| | | |
| Co-Applicant's Name: | | |
| Co-App's Social Security #: | DL#: | Birthdate: |
| | . | |
| Applicant's billing Address | A CONTRACTOR OF THE PROPERTY O | m minimum. |
| Town: Dran | State: | Zip: 28375 |
| | | |
| Home Phone #: 897-4345 | Cell Phone #: | |
| m t Attaca | ~ | |
| Previous Address: | | |
| Employer's Name: | | _Phone #: |
| | | |
| Employer's Address: | | |
| Co-Applicant's Employer: | | Phone #: |
| | | |
| Name of Nearest Relative: | | FHORE #: |
| Mailing Address: | | |
| Munification | | |

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 Sign | nature: | Bir | <u> </u> |
|--------------------------------|--|--------|------------------------------|
| Amount Paid: | Cash: | Check: | Account #: LID 85899/(ID |
| Account # Transferred From: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Date To Turn Off: |
| Address of Transferred Account | * | | Turn On: Read Only: Install: |