

\* 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 #

20081

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

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

SCANNED

5-15-08

DATE

**Application for Residential Building and Trades Permit**

Owner's Name: New Century Homes LLC. Date: 5-12-08

Site Address: \_\_\_\_\_ Phone: 892-4345

Directions to job site from Lillington: 27 W / (TR) on Heaver Rd. (TL) on Wellstare Dr.

Subdivision: Persimmon Hill Lot: 81

Description of Proposed Work: \_\_\_\_\_ #Bedrooms: A

Heated SF 2802 Unheated SF 442 Finished Rec Room? 525 Crawl Space  Slab ( )

**General Contractor Information**

Cumberland Homes Telephone 910-892-4345

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

PO Box 727 Dunn, NC 28335 License # 59493

Address \_\_\_\_\_ License # \_\_\_\_\_

Darryl 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 \_\_\_\_\_ Telephone \_\_\_\_\_

546 Leslie Dr. Sanford, NC License # 12007-U

Address \_\_\_\_\_ License # \_\_\_\_\_

William Wagoner

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 \_\_\_\_\_ Telephone \_\_\_\_\_

PO Box 82 Benson, NC License # 23670

Address \_\_\_\_\_ License # \_\_\_\_\_

David Jackson

Signature of Officer(s) of Corporation \_\_\_\_\_

**Plumbing Permit Information**

Description of Work New # Baths 2 full 2 half

Glaver Contract Plumbing Telephone 910-892-1612

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

PO Box 726 Coats, NC License # 23160

Address \_\_\_\_\_ License # \_\_\_\_\_

Shawn Glaver

Signature of Officer(s) of Corporation \_\_\_\_\_

**Insulation Permit Information**

Tri-City Insulation 418 Person St. Fay, NC Telephone 910-486-8855


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.


5-12-08  
 \_\_\_\_\_  
 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 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: Dyvis /owner                      Date: 5-12-08

Plan Box Number AA-2

Job Name NEW CENTURY

Date: 5-16-08

Required Inspections for SFA/SFD

Appl. # 0850020080  
Valuation \$210,702  
Sq. Feet 3243

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

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>5-12-08</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
	Deposit, Rental, Sewer \$50    Meter Fee: \$70

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 Parsimmon Hill Lot # 81 Permit # (if applicable) 20080

Service Address: Wellstone Dr. Landlord: \_\_\_\_\_

Applicant's Name: New Century Homes LLC.

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>85972</u>
Account # Transferred From: _____	Date To Turn Off: _____				
Address of Transferred Account: _____	Turn On: _____	Read Only: _____	Install: _____		