

* 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 # 0850020256

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: Silverado Homes LLC Date: 6-9-08

Site Address: _____ Phone: 897-4345

Directions to job site from Lillington: 27W / (TR) on Haven (TR) on Wellsboro (TR) on Fair Burn

Subdivision: Persimmon Hill Lot: 87

Description of Proposed Work: _____ #Bedrooms: 3

Heated SF 2498 Unheated SF 576 Finished Rec Room? 436 Crawl Space () Slab ()

General Contractor Information

Cumberland Homes 910-892-4345

Building Contractor's Company Name Telephone

PO Box 727 Dunn, NC 28335 59493

Address License #

Dany 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 919-499-5389

Electrical Contractor's Company Name Telephone

546 Leslie Dr. Sanford, NC 12007-4

Address License #

William Wrayton

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New

Jacksons Heating + Air 910-891-5410

Mechanical Contractor's Company Name Telephone

PO Box 82 Benson, NC 23670

Address License #

David Jackson

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New # Baths 2 1/2

Glover Contract Plumbing 910-892-1612

Plumbing Contractor's Company Name Telephone

PO Box 726 Coats, NC 23160

Address License #

Shawn Glover

Signature of Officer(s) of Corporation

Insulation Permit Information

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

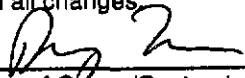
Insulation Contractor's Company Name & Address Telephone

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.


Signature of Owner/Contractor/Officer(s) of Corporation

6-9-08
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: Dy his owner Date: 6-9-08

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES
Water User's Agreement

Form Must be Completed in Full Before Service is Made Available. I.D is Required

2025/6

Today's Date: <u>6-9-08</u>	*Deposits shown apply for customers with approved credit only!		
Date Service Requested: <u>will call</u>	Fees Due: Deposit, Owner, Water	\$25	Connection Fee,
	Deposit, Owner, Sewer	\$25	all accounts: \$15
	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: Service Address: Lot # 82 Persimmon Hill / Fair Burn Rd. Landlord: _____

Applicant's Name: Silverado Homes

Applicant's Social Security #: _____ DL#: _____ Birthdate: _____

Co-Applicant's Name: _____

Co-App's Social Security #: _____ DL#: _____ Birthdate: _____

Applicant's Billing Address: PO Box 727

Town: Dunn State: NC Zip: 28335

Home Phone #: 842-4345 Cell Phone #: _____

Previous Address: _____

Employer's Name: _____ Phone #: _____

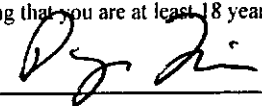
Employer's Address: _____

Co-Applicant's Employer: _____ 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: 

Amount Paid: _____	Cash: _____	Check: _____	Account #: <u>LID 85973/CID</u>
Account # Transferred From: _____	Date To Turn Off: _____		
Address of Transferred Account: _____	Turn On: _____	Read Only: _____	Install: _____

SLAB.

Plan Box Number AA 2

Job Name S. Lerado Home

Date: 6-9-08

Required Inspections for SFA/SFD

Appl. # 08-50020256
Valuation 199722
Sq. 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
60		Four Trade Final > 2500
60		Three Trade Final
60		Three Trade Final > 2500
60		Two Trade Final
60		Two Trade Final > 2500
60		One Trade Final
60		One Trade Final > 2500
999		Envir. Operations Permit

2498
576