

* 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 # 08-50020379

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Kenneth Cummings Date: 11-25-08

Site Address: 630 Goshen RD Lillington, NC 27546 Phone: 910 984-6765

Directions to job site from Lillington: Hwy 27 West Turn Right on
Turn Lemuel Block Turn Woodshire Turn South
at End of Street

Subdivision: Woodshire Lot: 221

Description of Proposed Work: New Home #Bedrooms: 4

Heated SF ~~2772~~ 2772 Unheated SF 695 Finished Rec Room? Yes Crawl Space Slab

General Contractor Information

CECC Const. 910 984 6765

Building Contractor's Company Name Telephone

630 Goshen RD Lillington, NC 27546 14856

Address License #

Kenneth Cummings 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

J.M. Pope Elect 910 890 3655

Electrical Contractor's Company Name Telephone

3482 Cameron Drive 21226

Address License #

James M. Pope II
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____

Number of Units _____ Type System _____ Mechanical Cost \$ _____

JONES & JONES 910 424-7702

Mechanical Contractor's Company Name Telephone

5217 Massachusetts Hope Mills NC 28347 812 63 11614

Address License #

Walter Jones
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____

Number of Baths _____ Plumbing Cost \$ _____

Richard Allen Cochran 910 476-2441

Plumbing Contractor's Company Name Telephone

318 Penn A St Sta Pauls NC 28380 910-26497

Address License #

Richard Allen Cochran
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential Other Not Required

Blown 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

11-25-08
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: CPCC Construction Inc

Sign w/Title: [Signature] Date: 11-25-08

