

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 # 20817

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: Cumberland Homes, Inc Date: 8/25/08
Address: PO Box 727 Dunn, NC 28335 Phone: 910 892-4345
Directions to job site from Lillington: 27 W/ (TR) on Baybecue Ch. Rd. (TR) on Hoover Rd. (TR) on Wellstone Dr. (TR) on Fair Burn Rd
Subdivision: Persimmon Hill Lot: 63

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family
Total Project Cost: Description of Proposed Work: Two Story w/ Bonus

General Contractor Information
Heated SF 2876 Crawl Space Building Construction Cost \$ 125,290
Unheated SF 528 Slab () Acres Disturbed 1.53 Stories 2
Cumberland Homes Telephone 910-892-4345
Building Contractor's Company Name Address PO Box 727 Dunn NC 28335 License # 59498

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp
Electrical Permit Information
Description of Work New Electrical Cost \$
TS Pole: Yes (X) No () Underground (X) Overhead ()
Permanent Service: Underground (X) Overhead () Service Size: 200 Amps
Wester & Pace Telephone 919-499-5389
Electrical Contractor's Company Name Address 546 Leslie Dr. Sanford, NC License # 1200-76

Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work New Mechanical Cost \$
Number of Units 2 Type System Heat Pump
Jacksons Heating + Air Telephone 910-891-5410
Mechanical Contractor's Company Name Address PO Box 82 Benson, NC License # 23670

Signature of Officer(s) of Corporation
Plumbing Permit Information
Description of Work New Plumbing Cost \$
Number of Baths 2.5
Glover Contract Plumbing Telephone 910-892-1612
Plumbing Contractor's Company Name Address PO Box 726 Coats, NC License # 23160

Signature of Officer(s) of Corporation
Insulation Permit Information Residential () Other () Not Required ()
TRI CITY Insulation 418 Person St. Fay, NC Telephone 910 486-8855
Insulation Contractor's Company Name & Address

Sprinkler System Information - Commercial

_____ Sprinkler Contractor's Company Name	_____ Telephone
_____ Contact Person	
_____ Address	_____ License #
_____ Signature of Officer(s) of Corporation	

Fire Alarm System Information - Commercial

_____ Fire Alarm Contractor's Company Name	_____ Telephone
_____ Contact Person	
_____ Address	_____ License #
_____ Signature of Officer(s) of Corporation	

Driveway Access

NC Department of Transportation Driveway Access/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, 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	_____ Date
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**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ being the:

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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

_____ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

_____ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

_____ Has/have not 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.

Firm Name: Cumberland Hous. Inc.

By/Title: Darryl Morris

Date: 8/25/08

Hale
Plans

Plan Box Number AA1

Job Name New Century

Date: 8-26-08

Required Inspections for SFA/SFD

Appl. # _____
Valuation 221228
Sq. Feet 3405

Sequence	Description
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

2876
529

3405
~~576~~