

\* 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 # 04500 21132

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: 10-28-08  
Site Address: \_\_\_\_\_ Phone: 910 984-6765  
Directions to job site from Lillington: Hwy 421 North T.L. Mc Dougald  
T.R. Summer Hill T.R. Maple Leaf House on Right

Subdivision: Summer Hill Lot: 27  
Description of Proposed Work: New House #Bedrooms: 2  
Heated SF 1685 Unheated SF 582 Finished Rec Room? Yes  Crawl Space ( ) Slab ( )

**General Contractor Information**

CEBCO CONST INC 910 984-6765  
Building Contractor's Company Name Telephone  
630 Grissin Rd Lillington NC 27546 14856  
Address License #  
[Signature] Must sign & fill out second page

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes (  ) No ( ) Underground (  ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: 200 Amps  
JM Pure Elect 910 890 2655  
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 510 424-7702  
Mechanical Contractor's Company Name Telephone  
5217 Marquardt Hope Mills NC 28348 4243 11614  
Address License #  
Walter Jones  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
Richard Allen Cushman 910 476-2441  
Plumbing Contractor's Company Name Telephone  
318 Penn A St. St. Pauls NC 28380 P1-26497  
Address License #  
Richard Allen Cushman  
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

10-28-08  
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: CEBCO Const. LLC

Sign w/Title: [Signature] VP Date: 10-28-08

Plan Box Number C-7

Job Name KENNETH CUMMING

Date: 10-29-08

Required Inspections for SFA/SFD

Appl. # 0850021132  
Valuation \$145,861  
Sq. Feet 2245

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
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