

\* 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.

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: Purdell McNeill Date: 2-26-09

Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Directions to job site from Lillington: old Hwy 421 north T.I.  
on Cap. Stewart Rd 1st House on left

Subdivision: private Lot: private

Description of Proposed Work: new Home #Bedrooms: 3

Heated SF 5246 Unheated SF 1900 Finished Rec Room? no Crawl Space ( ) Slab ( ) = basement

**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

3487 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 510 424-2702

Mechanical Contractor's Company Name Telephone

5217 Massachusetts Hope Mills NC 28348 4202 11614

Address License #

Walter Jones

Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_

Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_

Richard Allen Robinson 910 476-2441

Plumbing Contractor's Company Name Telephone

318 Penna St. 571015 NC 28348 P1-26497

Address License #

Richard Allen Robinson

Signature of Officer(s) of Corporation

**Insulation Permit Information**

Residential (  ) Other ( ) Not Required ( )

DIANA RITE

Insulation Contractor's Company Name Address Telephone

Insulation Contractor's Company Name & Address Telephone

This section below to be filled out by whoever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 09 500 216 00

SCANNED

DATE

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: 2-13-09  
Site Address: Lillington NC 27546 Phone: 910 984-6765  
Directions to job site from Lillington:  Hwy 274057 T.L. Nursery  
T.L. Lemuel T.L. Woodshire T.R. Sonora T.L. Kimbrough  
T.R. Wood Sage Henson on right  
Subdivision: Woodshire Lot: 204  
Description of Proposed Work: New Home #Bedrooms: 4  
Heated SF 2137 Unheated SF 576 Finished Rec Room? yes Crawl Space (+Slab) ( )

**General Contractor Information**

CERC CONSTRUCTION Telephone 910 984-6765  
Building Contractor's Company Name  
6706 Bristol Rd Lillington NC 27546 License # 14856  
Address

[Signature] Must sign & fill out second page  
Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Electrical Cost \$ \_\_\_\_\_  
TS Role: Yes () No () Underground () Overhead ()  
Permanent Service: Underground () Overhead () Service Size: 200 Amps  
J.M. Pope Electric Telephone 910 850 8655  
Electrical Contractor's Company Name  
3483 Ramercy Drive License # 21226  
Address  
[Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_  
Number of Units \_\_\_\_\_ Type System \_\_\_\_\_  
FANCS & DANCES Telephone 910 484-7702  
Mechanical Contractor's Company Name  
217 Mahraccorre Hope Mills NC 28348 License # H207 11614  
Address  
[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
Number of Baths \_\_\_\_\_  
Richard Allen Lillington Telephone 910 473-2441  
Plumbing Contractor's Company Name  
319 Bonn St. St. Pauls NC 28380 License # P1-26497  
Address  
[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Residential () Other () Not Required ()  
NIOWA RITE Telephone \_\_\_\_\_  
Insulation Contractor's Company Name Address

**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

3-23-09  
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. Inc.

Sign w/Title: [Signature]    Date: 3-23-09

BASEMENT

Plan Box Number B-8

Job Name KENNETH CURRIER

Date: 3-26-09

Required Inspections for SFA/SFD

Appl. # 09580 21600  
Valuation \$380,148  
Sq. Feet 5851

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
10	<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