

* 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 # 22087

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit

Owner's Name: New Century Homes Date: 5/11/09
Site Address: Lot # 69 Laurel Valley Phone: 910-892-4345
Directions to job site from Lillington: Take 27 West (FL) on Appleton Way into 510, FL on Chason Terrace, FL on Oakland Drive
Subdivision: Laurel Valley Lot: 69
Description of Proposed Work: Two Story #Bedrooms: 3
Heated SF 1778 Unheated SF 400 Finished Rec Room? No 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
Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page

Electrical Permit Information

Description of Work New Service Size: 200 Amps TPole no
Wester + Pace 919-499-5389
Electrical Contractor's Company Name Telephone
546 Leslie Dr. Sanford, NC 12007-11
Address License #
William Weston
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
P.O. Box 726 Coker NC 23160
Address License #
Shaver
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]
Signature of Owner/Contractor/Officer(s) of Corporation

5/11/09
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: Cumberland Homes, Inc.

Sign w/Title: [Signature] Date: 5/11/09

CRAWL

PLAN BOX NUMBER AA-1

JOB NAME LAUREL VALLEY

DATE 5-13-09

REQUIRED INSPECTIONS FOR SFA/SFD

APPL. # 09500 22087

VALUATION \$141,443

SQ. FEET 2177

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
- 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 TINAL > 2500
- 60 ✓ TWO TRADE FINAL
- 60 ✓ TWO TRADE FINAL > 2500
- 60 ✓ ONE TRADE FINAL
- 60 ✓ ONE TRADE FINAL > 2500
- 999 ✓ ENVIRO. OPERATIONS PERMIT