

\* 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 # 22088

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546

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 #70 Laurel Valley Phone: 910-892-4345  
Directions to job site from Lillington: Take 27 West, (TL) on  
Appleton Way into 510, (TL) on Chason  
Terrace, (TR) on Oakland Drive  
Subdivision: Laurel Valley Lot: 70  
Description of Proposed Work: Two Story #Bedrooms: 3  
Heated SF 1853 Unheated SF 480 Finished Rec Room? No Crawl Space (✓) Slab ( )

**General Contractor Information**

Cumberland Homes Telephone 910-892-4345  
Building Contractor's Company Name  
PO Box 727 Dunn, NC 28335 License # 59493  
Address

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

**Electrical Permit Information**

Description of Work New Service Size: 200 Amps TPole yes/no  
Wester + Pace Telephone 919-499-5389  
Electrical Contractor's Company Name  
546 Leslie Dr. Sanford, NC License # 12007-U  
Address

William Wester  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work New  
Jacksons Heating + Air Telephone 910-891-5410  
Mechanical Contractor's Company Name  
PO Box 82 Benson, NC License # 23670  
Address

David Jackson  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New # Baths 2 1/2  
Gloria Castorot Plumbing Telephone 910-892-1612  
Plumbing Contractor's Company Name  
P.O. Box 726 Coats NC License # 23160  
Address

Gloria Castorot  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Tri-City Insulation 418 Person St. Fay, NC Telephone 910-486-8855  
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

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, LLC

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. # 0950022088

VALUATION \$134,556

SQ. FEET 2071

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