

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 # 09 50022397

Application for Residential Building and Trades Permit

Owner's Name: Kenneth Cummings Date: 8-20-09
Site Address: LOT 192 Woodshire Phone: 910 984-6765
Directions to job site from Lillington: Hwy 27 West to Wagonway
T.L. Wood Point T.R. Kim Brought House on left

Subdivision: Woodshire Lot: 192
Description of Proposed Work: new house #Bedrooms: 4
Heated SF 2558 Unheated SF 662 Finished Rec Room? yes Crawl Space Slab

General Contractor Information

CRBCO CONST. INC 910 984 6765
Building Contractor's Company Name Telephone
630 Guidin RD Lillington NC 27546 14856
Address License #

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

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
3483 Cameron Drive 21226
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____ Mechanical Cost \$ _____
Number of Units _____ Type System _____
Jones & Jones 910 424-7702
Mechanical Contractor's Company Name Telephone
5217 Mahacodr Hope Mills NC 28348 4243 11614
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

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

[Signature]
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.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

8-21-09
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: 8-21-09

CRAWL

Plan Box Number D-7

Job Name KENNETH CUMMINGS

Date: 8-21-09

Required Inspections for SFA/SFD

Appl. # 0950022397
Valuation \$206,221
Sq. Feet 3174

Sequence

10	<u> / </u>	R* Bldg. Footing
10-30	<u> / </u>	R* Elec. Temp Service Pole
20	<u> / </u>	R* Building Foundation
20	<u> / </u>	Address Confirmation
30-999	<u> ✓ </u>	Open Floor
30-999	<u> </u>	R* Bldg. Slab Insp.
30-999	<u> </u>	R* Elec. Under Slab
30-999	<u> </u>	R*Plumb. Under Slab
40	<u> </u>	Four Trade Rough In
40	<u> ✓ </u>	Four Trade Rough In > 2500
40	<u> </u>	Three Trade Rough In
40	<u> </u>	Three Trade Rough In > 2500
40	<u> </u>	Two Trade Rough In
40	<u> </u>	Two Trade Rough In > 2500
40	<u> </u>	One Trade Rough In
40	<u> </u>	One Trade Rough In > 2500
50	<u> ✓ </u>	R* Insulation
60	<u> </u>	Four Trade Final
60	<u> ✓ </u>	Four Trade Final > 2500
60	<u> </u>	Three Trade Final
60	<u> </u>	Three Trade Final > 2500
60	<u> </u>	Two Trade Final
60	<u> </u>	Two Trade Final > 2500
60	<u> </u>	One Trade Final
60	<u> </u>	One Trade Final > 2500
999	<u> ✓ </u>	Envir. Operations Permit