

whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 09 50022593

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

8/31/09
SCANNED
DATE

Owner's Name: Henneth Cummings Date: 8-27-09

Site Address: _____ Phone: 984-6765

Directions to job site from Lillington: Hwy 27 west to the nursery
to the wood point lot set on left

Subdivision: WOODSHIRE Lot: 182

Description of Proposed Work: NEW HOUSE #Bedrooms: 4

Heated SF 2703 Unheated SF 1484 Finished Rec Room? YES Crawl Space () Slab ()

General Contractor Information

Building Contractor's Company Name: CERCOR CONST- Telephone: 984 6765

Address: 630 Griffith Rd Lillington NC License #: 14856

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

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____

TS Pole: Yes (X) No () Underground (X) Overhead ()

Permanent Service: Underground () Overhead () Service Size: 200 Amps

Electrical Contractor's Company Name: J M POPE ELECT Telephone: 910 890 2655

Address: 3482 Cameron Drive License #: 21326

Signature of Officer(s) of Corporation: James M. Pope II

Mechanical Permit Information

Description of Work _____

Number of Units _____ Type System _____ Mechanical Cost \$ _____

Mechanical Contractor's Company Name: JONES & JONES Telephone: 910 424-7202

Address: 5217 MANACCORD HOPE MILLS NC 28348 License #: 4283 11614

Signature of Officer(s) of Corporation: Walter Jones

Plumbing Permit Information

Description of Work _____

Number of Baths _____ Plumbing Cost \$ _____

Plumbing Contractor's Company Name: Richard Allen Cochran Telephone: 910 473-2441

Address: 318 Penn A St ST PAULS NC 28378 License #: P1-26497

Signature of Officer(s) of Corporation: Richard Allen Cochran

Insulation Permit Information

Residential (X) Other () Not Required ()

Insulation Contractor's Company Name: BLOWN RITE Address _____ Telephone _____

AUG 31 2009

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 Hamett 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 Hamett 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

8-27-09
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: CEBC Const. LLC

Sign w/Title: [Signature] Date: 8-27-09