

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.

DATE _____
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-993-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Kenneth Cummings Date: 10-20-09

Site Address: _____ Phone: 910 984 670

Directions to job site from Lillington: Hwy 27 West to L 24
 To the north to Ashford 1st Street left
 House on right

Subdivision: Ashford Lot: 68

Description of Proposed Work: New House #Bedrooms: 3

Heated SF 1911 Unheated SF 531 Finished Rec Room? YES Crawl Space Slab

General Contractor Information

Building Contractor's Company Name: CPBC Const. Inc Telephone: 910 984 6765

Address: 630 Grissom Rd Lillington NC 27546 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 No Underground Overhead

Permanent Service: Underground Overhead Service Size: 200 Amps

Electrical Contractor's Company Name: JM Pope Elect Telephone: 910 890 3655

Address: 3483 Cameron Drive License #: 21226

Signature of Officer(s) of Corporation: [Signature]

Mechanical Permit Information

Description of Work: _____ Mechanical Cost \$ _____

Number of Units: _____ Type System: _____

Mechanical Contractor's Company Name: Jones & Jones Telephone: 910 424-7702

Address: 5217 Warracoe Dr Hope Mills NC 28348 License #: 4223 11614

Signature of Officer(s) of Corporation: [Signature]

Plumbing Permit Information

Description of Work: _____ Plumbing Cost \$ _____

Number of Baths: _____

Plumbing Contractor's Company Name: Richard Allen Bellman Telephone: 910 476-2441

Address: 318 Penn A St Sta Pauls NC 28388 License #: PI-25497

Signature of Officer(s) of Corporation: [Signature]

Insulation Permit Information

Residential Other Not Required

Insulation Contractor's Company Name: Blown RITE 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.

Henry Const.
Signature of Owner/Contractor/Officer(s) of Corporation

11-20-09
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: *CCVA Const. LLC*

Sign w/Title: *Henry Const. LLC* Date: 11-20-09