

Application for Residential Building and Trades Permit

Owner's Name: Wendell Cummings Date: 12-14-07

Site Address: _____ Phone: 910 984 6765

Directions to job site from Lillington: Hwy 27 west To 7152nd RD
To R. Alpine T. R. Summit

Subdivision: Summit Lot: 152

Description of Proposed Work: new house #Bedrooms: _____

Heated SF 2138 Unheated SF 499 Finished Rec Room? yes Crawl Space (Y/Slab) ()

General Contractor Information

Building Contractor's Company Name: CEOC CONSTRUCTION INC Telephone: 910 984 6765

Address: 670 Grubbs 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: NEW HOUSE Service Size: 200 Amps TPole: yes/no

Electrical Contractor's Company Name: J.M. POPE ELECT Telephone: 910 890 -3655

Address: 3483 Cameron Dr. License #: 21326

Signature of Officer(s) of Corporation: Jama M. Pope #

Mechanical Permit Information

Description of Work: NEW HOUSE

Mechanical Contractor's Company Name: Carolina Comfort Air Telephone: 419 333 4320

Address: 5212 US 70 W Clayton NC 27520 License #: H3-29077

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

Plumbing Permit Information

Description of Work: NEW HOUSE # Baths: _____

Plumbing Contractor's Company Name: Jamie Johnson Plumbing Telephone: 910 984 6277

Address: 1490 Clark RD Lillington NC 27546 License #: 21649

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

Insulation Permit Information

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 12-14-09 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: CPCC Const. LLC

Sign w/Title: [Signature] Date: 12-14-09

Cial

Plan Box Number F7

Job Name Cummings

Date: 12-15-09

Required Inspections for SFA/SFD

Appl. # 0950023293

Valuation 171330

Sq. Feet 2637

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