

\* 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 # 1050024092

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**

Owner's Name: Kenneth Cummings Date: 5-5-10

Site Address: \_\_\_\_\_ Phone: 910 984 6765

Directions to job site from Lillington: Hwy 27 west To L. Hwy 24  
T.R. Marks RD To L. Ashford Take  
1st left House on Right

Subdivision: Ashford Lot: 71

Description of Proposed Work: new House #Bedrooms: 3

Heated SF 2325 Unheated SF 570 Finished Rec Room? yes Crawl Space  Slab ( )

**General Contractor Information**

CEO Co Const Telephone: 910 984 6765

Building Contractor's Company Name Address: 630 Griffin 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

Jm Pope Elect Telephone: 910 890 -3655

Electrical Contractor's Company Name Address: 3483 Cameron Dr. License # 21726

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

**Mechanical Permit Information**

Description of Work new House

Carolina Comfort Air Telephone: 419 333 4320

Mechanical Contractor's Company Name 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: \_\_\_\_\_

Jamie Johnson Plumbing Telephone: 910 984 6277

Plumbing Contractor's Company Name 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: [Signature] 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

5-5-10  
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]* V.P.    Date: 5-5-10

