

* 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 # 1050024497

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: 6-22-10

Site Address: Ashford Phone: 910 984-6765

Directions to job site from Lillington: Hwy 27 west To Hwy 24
T.R. Marks Rd To Ashford 207
on left

Subdivision: Ashford Lot: 40

Description of Proposed Work: nc House #Bedrooms: 3

Heated SF 2066 Unheated SF 576 Finished Rec Room? ✓ Crawl Space (+) Slab ()

General Contractor Information

CEECO CONST ETC 910 984 6765
Building Contractor's Company Name Telephone

670 Griffin Rd Lillington NC 27546 14856
Address License #

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

Electrical Permit Information

Description of Work New House Service Size: 200 Amps TPole: yes/no

J.M. Pope Elect 910 890-3655
Electrical Contractor's Company Name Telephone

3483 Cameron Dr. 21326
Address License #

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

Mechanical Permit Information

Description of Work New House

Carolina Comfort Air 919 333 4320
Mechanical Contractor's Company Name Telephone

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

Phillip Powell
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New House # Baths _____

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

1490 Clark Rd Lillington NC 27546 21649
Address License #

Jamie Johnson
Signature of Officer(s) of Corporation

Insulation Permit Information

Moore Pl Te
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

11-22-10
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: CEB Co Const LLC

Sign w/Title: [Signature] Date: 10-22-10

Plan Box Number AG

Job Name Keith Cummings

Date: 6-24-10

Required Inspections for SFA/SFD

Appl. # 10-50024457
Valuation \$171,654
Sq. Feet 2642

Sequence

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