

\* 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 # 10 500 25062

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

SCANNED  
9/20/10  
DATE

SEP 20 2010

**Application for Residential Building and Trades Permit**

Owner's Name: Kenneth Cummings LLC Date: 9-20-10  
Site Address: \_\_\_\_\_ Phone: 984-6765  
Directions to job site from Lillington:  Hwy 27 west Take Right T.R. Alpine  
 T.R. Summit set on left

Subdivision: Summit Lot: 122  
Description of Proposed Work: New House #Bedrooms: 4  
Heated SF 2201 Unheated SF 579 Finished Rec Room? YES Crawl Space  Slab ( )

**General Contractor Information**

CEBCO Const. LLC 984-6765  
Building Contractor's Company Name Telephone  
630 Grubbs Rd Lillington NC 27546 14856  
Address License #  
[Signature] 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  
JM POPE Elect 910 890 -3655  
Electrical Contractor's Company Name Telephone  
3483 Cameron Dr. 21326  
Address License #  
James M. Pope #  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work NEW HOUSE  
Carolina Comfort Air 419 333 4320  
Mechanical Contractor's Company Name Telephone  
5212 US 70 W Clayton NC 27520 H3-29077  
Address License #  
Chilly 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 21645  
Address License #  
Jamie Johnson  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Heaven Dr. Inc  
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.

*Kenny King*  
Signature of Owner/Contractor/Officer(s) of Corporation

9-20-10  
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: CEBTE CONST. INC

Sign w/Title: *Kenny King* Date: 9-20-10

