F	<b>i</b> ∴	Δnn	lication #	17851
* 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.	PO Box	unty Central Permittin 65 Lillington, NC 27546 or 910-893-7525 www.ham Building and Trade	g ett.org	-11-07
Owner's Name: <u>CualBERA</u> Address: <del>D. Box 7</del>	WO HOURS	C 28335	Phone: 910	1-897-4345
Directions to job site from Lilli Buffalo Lakes Rd	ngton: 27 h	est of Lilling	Pinevaller	LANE 5th Lot and R
Subdivision:	EW		Lot: <u></u>	<u>}</u>
Construction Type: (Please (  ✓ New Moved H Renovation Addition		Building Use: (Please Residential Modular	Check) Commer Multi-Far	nily
Total Project Cost:		oposed Work: Zwo ontractor Information	n ·	Borlus Road
Heated SF <b>2.04</b> Crawl Spa Unheated SF <b>576</b> Slab ()		Building Construction Acres Disturbed	34 Sto	ries _Z
Building Contractor's Compar BN BN 727	y Name Juny NC	770-87 Telephone 28335	5	9493
Address Signature of Owner/Contract	or/Officer(s) of Corp	oration — Must sign back	of form & workers	comp
Description of Work Ne	W	I Permit Information Electrical Cos Overheard ( )		·
TS Pole: Yes (X) No () U Permanent Service: Undergo	1 m 4 1 2 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ad () Service Size:	<u>200</u> 99 - 5389	Amps
Wester & Pace Electrical Contractor's Compa	any Name	Telephone		
5A6 Leslie Dr. S	anford, NC			200 - 76 License #
Address Willeam Wast	·			
Signature of Officer(s) of Cor	poration Mechanic	al Permit Informatio	<u>n</u>	
Description of WorkN	ew =		hanical Cost \$	
Number of Units	Type System H	1001	891 - 5416	
Jacksons Heati		Telephone	811- 3410	<u></u>
Mechanical Contractor's Con		reicphone		23670_
POBOX BA B	enson, NC	·	<del></del>	License #
Vand Jackson	noration			
Signature of Officer(s) of Cor	poration	a Parmit Information	1	

Description of Work \_ Plumbing Cost \$\_

Number of Baths

Chover Contract Plumbing Contractor's Company Name Telephone

23160 License # Address

Signature of Officer(s) of Corporation
Insulation Permit Information Residential () Other () Not Required ()

910 <u>486-6855</u> Telephone TRI CITY Insulation 418 Person St. Fay. No Insulation Contractor's Company Name & Address

•	
<u>Sprinkler S</u>	ystem Information - Commercial
Sprinkler Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation  Fire Alarm S	System Information - Commercial
Fire Alarm Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation	Driveway Access
NC Department of Transportation Driveway	Access/Permit? Yes No
and that the construction will conform to the Mechanical codes, and the Harnett County contractors is correct as known to me and if building and trade plans, Environmental Heat	the regulations in the Building, Electrical, Plumbing and Zoning Ordinance. I state the information on the above fany changes occur including listed contractors, site plan, alth permit changes or proposed use changes, I certify it is a Central Permitting Department of any and all changes.

Application #\_\_\_\_\_

## Affidavit for Worker's Compensation N.C.G.S. 87-14

rne undersigned	applicant for Building Permit #being the:
	Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby con performing the w	firm under penalties of perjury that the person(s), firm(s) or corporation(s) ork set forth in the permit:
	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
	Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
<u></u>	Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
	Has/have not more than two (2) employees and no subcontractors.
compensation in	n the project for which this permit is sought it is understood that the Central rtment issuing the permit may require certificates of coverage of worker's surance prior to issuance of the permit and at any time during the permitted work firm or corporation carrying out the work.
Firm Name:	CUMBERLAND HOMES
By/Title:	Larry Marria
Date:	11-07

Plan Box Number AH 2

Job Name Cuberland hims

Date: 6-19-07

## Required Inspections for SFA/SFD

Appl. # <u>67 580 1785 1</u>
Valuation <u>176 527</u>
Sq. Feet <u>27 17</u>

## Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	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	R* Insulation
60	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
	. <del>-</del>