	Application #_	
* Each section below to be filled out by		
whomever performing work. Must be owner	Harnett County Central Permitting	
or licensed contractor. Address, company	PO Box 65 Lillington, NC 27546	
name & phone must match information on	Telephone Number 910-893-7525 www.hamett.org Application for Building and Trade Permit	
license.	Application for Building and Trage Forms	0 13-17
Owner's Name: New C	entury Haves Date:_	8-13-07
Owner's Name.	771/11 AV 70336 Phone	910-892-4345
Address: P.U. Box		
Directions to job site from Lilling	nation: 77 West, (TL) an Butte	Lakes Rd,
Directions to job site north Emili		
(TU) into 3/0.	1) ON PINEVAMEN CORE	106
Olivina Protivi	Lot:	795
Subdivision:	T. III Line (Diongo Check)	
Construction Type: (Please C	theck) <u>Building Use:</u> (Please Check)	nmercial
New Moved Ho	ouse X residential — 500	ti-Family
RenovationAddition		11. 11.
	Description of Proposed Work: Two Story General Contractor Information	W/ BONUS ROOM
Total Project Cost:	Description of Proposed Work. Zaro Character	7
		91 188
Heated SFZ,ZZYCrawl Space	e () Building Construction 35	Stories Z
Unheated SF 576Slab ()	ACIES DISIGIDES TO THE PROPERTY OF THE PROPERT	
1 1 // .	es. Luc. 910-842-438	<u> </u>
Cumberland Home		
Building Contractor's Compan	11 70235	59493
DO BOX 161 W	WW NC 2000	License #
Address	1	2.00.75
- 1	\triangle	
	or/Officer(s) of Corporation - Must sign back of form & w	orkers comp
Signature of Owner/Contracto	Electrical Permit information	
Description of Work New	AI Electrical Cost \$	
Description of Work New	Overbeard ()	<u>.</u>
TS Pole: Yes (X) No () Ur	nuerground to Overhead () Service Size: 200	Amps
TS Pole: Yes (X) No () Ur Permanent Service: Undergro		389
Permanent Service: Undergri	919-499-5	389Amps
Permanent Service: Undergri	919-499-5	389
Wester & Pace Electrical Contractor's Compa	Telephone Telephone	1200-76
Wester & Pace Electrical Contractor's Compa 546 Leslie Dr. 5	Telephone Telephone	389
Wester & Pace Electrical Contractor's Compa 546 Leslie Dr. S Address	any Name Telephone	1200-76
Permanent Service: Undergring Wester & Pace Electrical Contractor's Compa 5Alc Leslie Dr. S Address (1) Illiam Woste	ny Name Telephone	1200-76
Permanent Service: Undergring Wester & Pace Electrical Contractor's Compa 5Alc Leslie Dr. S Address (1) Illiam Woste	any Name Telephone	1200-76
Permanent Service: Undergring Wester & Pace Electrical Contractor's Compa 5A6 Leslie Dr. 5 Address William Wester Signature of Officer(s) of Con	any Name Telephone an ford, NC poration Mechanical Permit Information	1200-76
Permanent Service: Undergring Wester & Pace Electrical Contractor's Compa 5Alo Leslie Dr. 5 Address William Waster Signature of Officer(s) of Con	any Name any Ford, NC poration e W Plant 499 - 5 Telephone Mechanical Permit Information	1200 - 76 License #
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	Application #			
Sprinkler System Information - Commercial				
Sprinkler Contractor's Company Name	Telephone			
Contact Person				
Address	License #			
Signature of Officer(s) of Corporation Fire Alarm System	n information - Commercial			
Fire Alarm Contractor's Company Name	Telephone			
Contact Person				
Address	License #			
Signature of Officer(s) of Corporation <u>Driv</u>	veway Access			
NC Department of Transportation Driveway Acces	s/Permit? Yes No			
and that the construction will conform to the re Mechanical codes, and the Harnett County Zonir contractors is correct as known to me and if any of	necessary application, that the application is correct egulations in the Building, Electrical, Plumbing and any Ordinance. I state the information on the above changes occur including listed contractors, site plan, ermit changes or proposed use changes, I certify it is tral Permitting Department of any and all changes. S-13-07			

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

The undersigned	ed applicant for Building Permit # being the:
	Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby co performing the	nfirm under penalties of perjury that the person(s), firm(s) or corporation(s) work 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.
	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.
Permitting Dep compensation i	on the project for which this permit is sought it is understood that the Central partment issuing the permit may require certificates of coverage of worker's insurance prior to issuance of the permit and at any time during the permitted work in, firm or corporation carrying out the work.
Firm Name:	Lego Coxtier Homes
By/Title:	Carrie Marria
Date:	13-07

Plan Box Number AA - 1

Job Name CUMBERLAND

Date: 8-13-07

Required Inspections for SFA/SFD

Appl. # 07500 18214 Valuation \$ 181,920 Sq. Feet 2800

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
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