* 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.

	1.8723
Application #	1-010

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

Application for Residential	Building and Trades Permit
Owner's Name: Home Co Builders	Date: 10/32/67 Phone: 892-4345
A 1 C4	Phone: 892-4345
Directions to job site from Lillington: 27 w/ (1	16) on Hover 1(71)on wells fore
(TI) on fur Bun (T) on up 6 vos	CH.
Subdivision: fersimmon 444	Lot: 75
D. Satisfact Design and Mississ	#Bedrooms: 3
Description of Proposed Work: Heated SF 2486 Unheated SF 636 Finished I	Rec Room? 425 468 Grawl Space () Slab
General Contra	ictor intolination
Cumberland Homes	910-892-4345
Building Contractor's Company Name	Telephone
Po Box 727 Dunn, NC 28335	59493
Address Dany Roseria	License #
fany Kares	Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Peri	mit information
Description of Work New Service	ce Size: 200 Amps TPole yesho
Wester + Pace	919 - 499 - 5389
Electrical Contractor's Company Name	Telephone 12の7・ル
5A6 Leslie Dr. Sanford, NC	License #
Address -	
Signature of Officer(s) of Corporation	
Mechanical Per	rmit information
Description of Work Νεω	
Jacksons Heating & Air	910-891-5410
Mechanical Contractor's Company Name	Telephone
Po Box B2 Benson NC	23670
Address	License #
the fockson	
Signature of Officer(s) of Corporation Plumbing Peri	mit information
Description of Work New	# Baths 2/2
Glover Contract Plumbing	910-892-1612
Plumbing Contractor's Company Name	Telephone
Po Bax 726 Coats, NC	23160
Address	License #
Shown Glover	
Signature of Officer(s) of Corporation	nit Information
Insulation Pern	Fay NC 910-486-8855
Tri-City Insulation 418 Person St. 1	Telephone

	18123
Application #	10.00

The second of th			
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)			
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 yes no			
Do you intend to directly control & supervise construction activities? yes no			
Do you intend to schedule, contract, or directly pay for all phases of construction work to be 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?			
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.			
Oi			
Signature of Owner/Contractor/Officer(s) of Corporation Date			
Signature of Owner/Contractor/Officer(s) of Corporation Date Affidavit for Worker's Compensation N.C.G.S. 87-14			
Signature of Owner/Contractor/Officer(s) of Corporation Date			
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: General Contractor Owner Owner 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			
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:			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: General Contractor Owner 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			
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			
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.			
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Plan Box Number AP-1

Job Name Home Co

Date: 10 - 22-07

Required Inspections for SFA/SFD

Appl. # 07500 18723 Valuation # 200, 242 Sq. Feet 3082

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 Pough In 2500
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
50	One Trade Rough In > 2500 R* Insulation
60	
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
999	One Trade Final > 2500
	Envir. Operations Permit