* 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.

0750018830 Application #_

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 Ira	
Owner's Name: <u>CMA Builders</u> , <u>LLC</u>	Date: 12-12-07
	919-669-7245
Directions to job site from Lillington: Sandy Grove III -	From Willington take
Hwy 210 North - Rt on Old Coats Rd, Left	on old Buis Creek P
Left on World La. (Course Lot)	
Subdivision: Sandy Grove III	_Lot: _ <i>14</i>
Description of Proposed Work: New Construction	_#Bedrooms: 3
Heated SF Finished Rec Room? General Contractor Information	Crawl Space At Slab ()
CMA Builders LLC 919-669-	7245
Building Contractor's Company Name Telephone	•
5780 MiArthun Rd Broadway NU 27506	60052
Address	License #
Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill of	ut second page
Electrical Permit Information	
Description of Work New Construction Service Size:	
Electrical Contractor's Company Name 9/0-984- Telephone	-6051
191 Fred Mcled La. Costs NC 2952/	
Address Sular	License #
Signature of Officer(s) Corporation Mechanical Permit Information	
Description of Work New Construction	
	-893-8057
Mechanical Confractor's Company Name 910 Teleph	one
12 Mitchell Rd Lillighton NC 27546	20380
Address	License #
Be GAME	
Signature of Officer(s) of Corporation Plumbing Permit Information	
	# Baths 2
Rich. Helle J Planting 919	# Baths 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Plumbing Contractor's Company Name Plumbing Contractor's Company Name Teleph	one
Po Box 472 Argue No 2750/	11687
Address	License #
Simplify of Companies	
Signature of Officer(s) of Corporation Insulation Permit Information	
Tri Com	800-408-1012
Insulation Contractor's Company Name & Address	Telephone

Plan Box Number

Job Name <u>MA</u>

Date: <u>//-6-07</u>

Required Inspections for SFA/SFD

Appl. # <u>67,500</u> 188 30 Valuation<u>\$ 83,163</u> Sq. Feet <u>1280</u>

Sequence

•	
10 10-30 20 20 30-999	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation 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

cation #
cation #

Homeowners Applying to Build Their Own Home
Please answer the following questions then see a remit rosmanna of Building Permits (Memo available upon request)
bish this building will be constructed? —— yes —— no
2. Have you hired or intend to hire an individual to superintend and manage construction of the
P. 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 yes no done?
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 completion of construction and the least 12 consecutive months following that you fraudulently secured the permit?
completion of construction and do you understant that you 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 of Owner/Contractor/Officer(s) of Corporation Date
Signature of Owner/Contractor/Officer(s) s. Contractor/Officer(s) s. Co
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. Les 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
Company or Name: CMA Builders LLC
Company or Name: CMA Builders LLC Sign w/Title: Date: 12-12-09