

* 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 # _____

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: Silverado Homes Date: 1-22-08

Site Address: _____ Phone: 892-4345

Directions to job site from Lillington: 27 W / (TV) on Haverly (FD) or wellstone

Subdivision: Persimmon Hill Lot: 83

Description of Proposed Work: _____ #Bedrooms: 3

Heated SF 2480 Unheated SF 576 Finished Rec Room? 136 Crawl Space () Slab (x)

General Contractor Information

Cumberland Homes 910-892-4345

Building Contractor's Company Name Telephone

PO Box 727 Dunn, NC 28335 59493

Address License #

Dany Rozis Must sign & fill out second page

Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work New Service Size: 200 Amps TPole yes/no

Wester + Pace 919-499-5389

Electrical Contractor's Company Name Telephone

546 Leslie Dr. Sanford, NC 12007-4

Address License #

William Weyler

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New

Jacksons Heating + Air 910-891-5410

Mechanical Contractor's Company Name Telephone

PO Box 82 Benson, NC 23670

Address License #

David Jackson

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New # Baths 2 1/2

Glover Contract Plumbing 910-892-1612

Plumbing Contractor's Company Name Telephone

PO Box 726 Coats, NC 23160

Address License #

Shawn Glover

Signature of Officer(s) of Corporation

Insulation Permit Information

Tri-City Insulation 418 Person St. Fay, NC 910-486-8855

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.

Dy his
Signature of Owner/Contractor/Officer(s) of Corporation

1-22-08
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: Cumberland Homes

Sign w/Title: Dy his /owner Date: 1-22-08

✓ ~~SLAB~~ AAI

2480
576

3056

Plan Box Number SD

Job Name Silverado

Date: 1-22-08

Required Inspections for SFA/SFD

Appl. # 08-500A243
Valuation 198553
Sq. Feet 3056

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input type="checkbox"/>	Address Confirmation
30-999	<input type="checkbox"/>	Open Floor
30-999	<input checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input checked="" type="checkbox"/>	R* Plumb. Under Slab
40	<input type="checkbox"/>	Four Trade Rough In
40	<input checked="" type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input type="checkbox"/>	Four Trade Final
60	<input checked="" type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input type="checkbox"/>	Envir. Operations Permit