*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 #	منعيد	1(1540_
Аррисации т		

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

Application for Resident	lai Building and Trades Permit
Owner's Name: Cumber loud Hours	Date: 1-31-08
	Phone: 892-4345
Directions to job site from Lillington: 27 w 6 No. 100 sn Yorkshire Dr.	D on 24 (TR) on Cameron Hill
Varkeling Olive to time	Lot: 184
Subdivision: Yorkshire Plantation	~ · · · · · · · · · · · · · · · · · · ·
Description of Proposed Work:	#Bedrooms: 3
Heated SF 2299 Unheated SF 576 Finishe General Con	ed Rec Room? 464 Crawl Space () Slab () tractor information
Cumberland Homes	910-892-4345
Building Contractor's Company Name	Telephone
Po Box 727 Dunn, NC 28335	59493
Address Dany Roses	Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corpora	tion ermit Information
Description of Work New Ser	rvice Size: 200 Amps TPole yes no
Wester + Pace	919 - 499 - 5389
Electrical Contractor's Company Name	Telephone
5A6 Leslie Dr. Sanford, NC	12007-11
Address ~	License #
Welliam Wester	
Signature of Officer(s) of Corporation Mechanical	Permit information
Description of Work Νεω	
Jacksons Heating + Air	910-891-5410
Mechanical Contractor's Company Name	Telephone
Pa Bax 82 Benson NC	23670
Address Juckson	License #
Oter Jockson	
Signature of Officer(s) of Corporation	Permit Information
A10	Permit Information # Baths#
Description of Work	910-892-1612
Glover Contract Plumbing	Telephone
Plumbing Contractor's Company Name	23160
Po Box 726 Coats, NC	License #
Shar Morer	
Signature of Officer(s) of Corporation	
Insulation P	ermit Information
Tri-City Insulation 418 Person St.	Fay, NC 910-486-8855
Tri-City Insulation 418 Person St. Insulation Contractor's Company Name & Address	Telephone

Application #	_
---------------	---

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? yesno		
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?		
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 at changes.		
Signature of Owner/Contractor/Officer(s) of Corporation 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.		
Sign w/Title: Dy his lowner		
Sign w/Title:		

Plan Box Number AA - 2

Job Name CUMBERLAND

Date: 1 - 31 - 8

Required Inspections for SFA/SFD

Appl. # 08 500 19340 Valuation \$149,369 Sq. Feet 2299

Sequence

10	DADII D.
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