* Fach 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 B	uilding and Trades Permit
Owner's Name: Cumberland Hours	Date:
	Phone: 892 4345
Site Address:	Don Nursery Kd. /(Ti) on
Directions to job site from Lillington:	o Or IFRON Sonova Dr
Lengel Black Rd. ItD on Woodsh	R VI. J. C.
Don Unbrach D.	Lot: 169
Subdivision: Woodshire	#Bedrooms: 3
Description of Proposed Work:	The Crawl Space () Slab (4
Heated SF 2224 Unheated SF 576 Finished R General Contract	tor information
<u>General Contrac</u>	910-892-4345
Cumberland Homes	Telephone
Building Contractor's Company Name	59493
Po Box 727 Dunn, NC 28335	License #
Address Dany Roma	Must sign & fill out second page
of the state of Contractor/Officer(S) of Corporation	th Information
<u>Electrical Perii</u>	Size: 200 Amps TPole yes/no
Description of Trent	919 - 499 - 5389
Wester + Pace Electrical Contractor's Company Name	Telephone
5A6 Leslie Or. Sanford, NC	12007-11
Address ~	License #
1,1,00, ilester	
Clanature of Officer(s) of Cornoration	
<u>Mechanical Per</u>	mit information
Description of Work New	910-891-5410
Jacksons Heating + Air	Telephone
Mechanical Contractor's Company Name	23670
Pa Box 82 Benson, NC	License #
Address Duckson	
Signature of Officer(s) of Corporation	nit Information
Plumbing Pern	# Baths 31/2
Description of Work New	910 - 531 - 3111
Curtis Faircloth Plumbing	Telephone
Plumbing Contractor's Company Name	
5056 Elizabethtown they Roseboro, No	License #
Address	2.03
Cinto Facility	
Signature of Officer(s) of Corporation Insulation Pern	nit Information
TRI-City Insulation 418 Person St.	Fuy. Nc 910-486-8855
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 requestions)
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
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
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
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.

Date: 2.7-08

Plan Box Number AA-2

Job Name Cum BERLAND Homes

Date: 2-8-06

Required Inspections for SFA/SFD

Appl. # 0850019375Valuation # 181,920Sq. Feet 2800

Sequence

1	
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
	2 Operations i cimit