* F.ach section below to be filled out by		
whomever performing work. Must be owner		
or licen-ed contractor. Address, company		
name & phone must match information on		
license.		

Application #	19370

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: <u>unberland</u> Hours	Date: <u>2-7-08</u>
Site Address:	Phone: <u> </u>
Directions to job site from Lillington: 27 w /	(T) on Nursery Kd. /(T) on
Lemuel Black Rd. ITD on Woods	wire Or. / FRON Sonera Dr.
Don Kimbrough Pr.	
Subdivision: Woodshire	Lot: 170
Description of Proposed Work:	#Bedrooms: 3
Heated SF 2274 Unheated SF 624 Finished F	Rec Room? 484 Crawl Space ( ) Slab (4)
Cumberland Homes	ctor Information
Building Contractor's Company Name	910 - 892 - 4345 Telephone
PO BOX 727 Dunn NC 28335	59493
Address Dany Ranis	License #
Hany hours	Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation	
Description of Work New Electrical Perm	e Size: <u>200</u> Amps TPole: yesho
Wester + Pace	919 - 499 - 5389
Electrical Contractor's Company Name	Telephone
5A6 Leslie Dr. Sanford, NC	12007-L
Address ~	License #
Signature of Officer(s) of Corporation	
Mechanical Perm	nit Information
Description of Work New	
Jacksons Heating + Air	910-891-5410
Mechanical Contractor's Company Name	Telephone
Address Duckson	23670
Address O 1	License #
Signature of Officer(s) of Corporation  Plumbing Permit	Information
Description of Work New	3 1/
Curtis Faircloth Plumbing	# Baths 4/2 910 ~ 531 - 3111
Plumbing Contractor's Company Name	Telephone
5056 Elizabethtown they Roseboro , we	28382 7269
Address	License #
Conto forcloth	
Signature of Officer(s) of Corporation	lada att
IRI-City Insulation 418 Person St. Far	_
Insulation Contractor's Company Name & Address	y., NC 910-486-8855
a demparty riding a Addiess	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?
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?
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
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 2-7-03
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
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 overing themselves.
Has no more than two (2) employees and no subcontractors.
/hile working on the project for which this permit is sought it is understood that the Central Permitting epartment issuing the permit may require certificates of coverage of worker's compensation insurance prior issuance of the permit and at any time during the permitted work from any person, firm or corporation arrying out the work.
gn w/Title: Dy Zis /owner
gn w/Title: Date: 2-7-08

Plan Box Number AA-2

Job Name CUMBERLAND
Homes
Date: 2-8-08

Required Inspections for SFA/SFD

Valuation <u>\$186,2</u>08 Sq. Feet <u>2866</u>

## Sequence

10 10-30 20	R* Bldg. Footing R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
40	R*Plumb. Under Slab
40	Four Trade Rough In
40	Four Trade Rough In> 2500
40	Inree Trade Rough In
40	Three Trade Rough In> 2500
40	I wo I rade Rough In
40	Two Trade Rough In> 2500
40	One Irade Rough In
50	One Trade Rough In > 2500
60	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
999	One Trade Final > 2500
777	Envir. Operations Permit
	Farmons I CHIII