* Fach section below to be filled out by whomever performing work. Must be owner or licenaed contractor. Address, company name & phone must match information on license.

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Application #	 	. 	1	1	_	<u> </u>	

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

Phone 910-893-7525 Fax 910-893-2795 www.itanist.org Application for Residential Building and Trades Permit	
Owner's Name.	
Site Address: Val 1	
Directions to job site from Lillington: 27 W/ (T) on Nursery Kd. /(T) on Or / TRon Sonera Dr	
Lemiel Black Rd. 1900 on Woodshire Or. 1 tron sonera In	
Don (TL) an Kingstough, Lot will be an night	
Subdivision: Woodshire Lot: 4213	
Description of Proposed Work: Two Story w/ Banus #Bedrooms: 3	/
Heated SF 2,46 Unheated SF 1074 Finished Rec Room? Yes Crawl Space () Slab (V) General Contractor Information	
Cumberland Homes 910-892-4345	
Building Contractor's Company Name Telephone	
Po Box 727 Dunn, NC 28335 License #	
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 12007-11	
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 License #	
Signature of Officer(s) of Corporation	
Plumbing Permit Information	
Description of Work# Baths	
Curtis Fuircloth Plumbing Plumbing Contractor's Company Name 910 - 531 - 3111 Telephone	
5056 Elizabethtown that Rosebaro, wc 28382 7269	
Address License #	
Conto Funcioth	
Signature of Officer(s) of Corporation	
Insulation Permit Information	
Tri-City Insulation 418 Person 5t. Fuy., NC 910-486-8855 Insulation Contractor's Company Name & Address Telephone	
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? yes no					
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?					
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.					
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.					
Company or Name: Cumberland Homes					

Date: 2-7-08

SLAB

Plan Box Number AAZ

Job Name Cumber land.

Date: 2 - 2 5 - 08

Required Inspections for SFA/SFD

Appl. # 08-50019379 Valuation 197383 Sq. Feet 3038

Sequence

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.
3 0-999	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 Bouch In 2500
40	Two Trade Rough In> 2500
40	One Trade Rough In
50	One Trade Rough In > 2500 R* Insulation
60	
50	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
*CONTRACTOR OF THE PARTY OF THE	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
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