* Lack 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.

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 Site Address: #214 Directions to job site from Lillington: Subdivision: Description of Proposed Work: Julo #Bedrooms: Heated SF <u>1020</u> Finished Rec Room? Crawl Space () Slab (*) **General Contractor Information** 910-892-4345 Cumberland Homes Building Contractor's Company Name Telephone Po Box 727 Dunn NC 28335 Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation **Electrical Permit Information** Description of Work New _Amps TPole yes/no Service Size: 200 Wester + Pace 919-499-5389 **Electrical Contractor's Company Name** Telephone 5A6 Leslie Or. Sanford 12007-L Address ~ William Wester Signature of Officer(s) of Corporation **Mechanical Permit Information** Description of Work ___ Jacksons Heating + Air Mechanical Contractor's Company Name Telephone Pa Bux 82 23670 Benson NC Address Signature of Officer(s) of Corporation **Plumbing Permit Information** Description of Work # Baths 910-531-3111 Curtis Fuircloth Plumbine Plumbing Contractor's Company Name Telephone Address **Insulation Permit Information** TRI-City Insulution 418 Person St. Insulation Contractor's Company Name & Address

Application #			
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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? 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?
yesno
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
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:
Affidavit for Worker's Compensation N.C.G.S. 87-14
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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
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:
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
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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 o issuance of the permit and at any time during the permitted work from any person, firm or corporation

Plan Box Number AA-2

Job Name < umoerland

Date: 2-8-08

Required Inspections for SFA/SFD

Appl. # 0850019380
Valuation # 194, 914
Sq. Feet 3000

Sequence

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10 10-30 20 20 30-999 N) A 30-999 30-999 30-999 40 40 40 40 40 40 40 40 50	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Three Trade Rough In Three Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In
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999	Envir. Operations Permit