* Cach 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. Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Phone 810-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permi Site Address: Directions to job site from Lillington: Woodshire Subdivision: __ #Bedrooms: Description of Proposed Work: 2.560 Crawl Space () Slab (7 Finished Rec Room? Heated SE2486 Unheated SF 2 General Contractor Information 910-892-4345 Cumberland Homes Telephone Building Contractor's Company Name PO BOX 727 28335 Dunn. Address Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation **Electrical Permit Information** Amps TPole yes no Service Size: 200 Description of Work New 919-499-5389 Wester + Pace Electrical Contractor's Company Name Telephone 12007-W 546 Leslie Dr. Sanford Signature of Officer(s) of Corporation **Mechanical Permit Information** Description of Work 910-891-5410 Jacksons Heating & Air Telephone Mechanical Contractor's Company Name 23670 Pa Box 82 Benson License # Address Signature of Officer(s) of Corporation Plumbing Permit Information New Description of Work # Baths 910-531-3111 Curtis Faircloth Plumbing Plumbing Contractor's Company Name Telephone 5056 Elizabethtown Hay Roseboro, we 28382 Address Signature of Officer(s) of Corporation Insulation Permit Information TRI-City Insulation 418 ferson St. Telephone Insulation Contractor's Company Name & Address

Application #
Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technician to determine if you quality 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
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?
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
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.

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 Ho

Has no more than two (2) employees and no subcontractors.

Date: 3/5/08

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

WATER USER'S AGREEMENT

Form Must be Completed in Full Before Service is Made Available. ID is Required.

-1.1.	*Deposits sh	own apply for custom	ers with a	proved credit o	only!	
Today's Date: 3/5/08	Fees Due:	Deposit, Owner, Wa		Connection F		
		Deposit, Owner, Sev		all accounts:	210	
Date Service Requested: Will Call	m-h-mm3him	Deposit, Rental, Wa		Meter Fee:	\$ 70	
	· · · · · · · · · · · · · · · · · · ·	Deposit, Rental, Sev	ACT \$20	IVICION I CO.	570	
This agreement is to request Harnett County Department and Regulations, to provide water and/or sewer service of	at of Public Utilities the	ough normal procedures and	in accordanc	e with the District's	Rules	
				106	i Oz	
Please Print: Subdivision WooDSHIRE	-	Lot # //4 Pe	rmit # (if ap	plicable) []	<u>108</u>	
Service Address:	/	Landlord:				
Service Address: Applicant's Name: 5//VERASO 4	ales			***************************************	######################################	
Co-Applicant's Name:	mandandi Tirifiddi Tirifiddi Tirifi		AV - V - K -	Apple 1	*** minni	
Mailing Address: Pa Bax 72	7					
Town: Donn		State: N	<u>ic</u>	_Zip: <u>_ 28332</u>	<u>s</u>	
Home Phone Number: 892-434	\$	_Contact Phone Number:		and the second s		
Previous Address:						
Customer's Social Security #:		Co-App's Social Secur	ity #:			
Customer's Drivers License #:		Birthdate:				
Co-App's Drivers License #:		Birthdate:				
Employer:					3	
Employer's Address		Employer's Phone #:	-			
Co-Applicant's Employer and Phone #:	n in the second second second					
Name of Nearest Relative:		Phone #:				
Mailing Address:						
I, the undersigned, do agree to abide by the rule make all payments on time when due as stated on the WA notice. In order for service to be restored, I will be requiretion to collect on an account will be the responsibility of efunded. Property owners will be responsible for a model or rented. By signing this application, you are agreed customer Signature:	es and regulations of the ATER/SEWER bill, the red to pay ALL DUE as of the customer. Any Fonthly bill regardless eing that you are at least	e Hamett county Department department has the right to mounts plus a \$30 reconnect INAL BILLS with a credit b of whether water and/or se	disconnect my fee. Any fee balance of less swer is being	y services without fu is resulting from cou is than \$1.00 will not used, until the pro	irther irt . he	
amount Paid:Cash:	Check:	_Account #: CID:_		LID:		
Account # Transferred From:		Date To Tur	n Off:			
Address of Transferred Account:		Turn On:	Read Onl	y:Install:_		

V

Plan Box Number AA-2

Job Name CUMBERLAND

Date: 3-6-08

Required Inspections for SFA/SFD

Appl. # 08500 19568 Valuation #200, 242 Sq. Feet 3082

Sequence