Application # 0850019(01)

* 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 Littlington, NC 27546

Phone 910-893-7525 Fax 9	I Building and Trades Permit	
	5 Date: 3/7/08	
Owner's Name: Junion land Stoute	1500 ABAC	
Site Address: #160 Woodshipe		
Directions to job site from Lillington:		
1 cmuel Black Rd. IFD on Woods	MR V. TOTAL	
Don Track Whend Court, Lo	Lot: 160	
Subdivision: Woodshire	Redus Real #Bedrooms: 3	
Description of Proposed Work: 2 Story w/	4	X)
Heated SE2 466 Unheated SF 232 Finished General Contra	actor information	(~
Cumberland Homes	910-892-4345	
Building Contractor's Company Name	Telephone	
Po Box 727 Dunn, NC 28335	59493	
Address Dany Result	Must sign & till out second page	
Classicus of Owner/Contractor/Citicaris) of Corugiaus	on .	
Electrical Per	rmit Information ice Size: 200 Amps TPole yes no	
C C C C C C C C C C C C C C C C C C C	919 - 499 - 5389	
Wester + Pace	Telephone	
546 Leslie Or. Sanford, NC	12007-L	
Address "	License #	
William Wester		
Signature of Officer(s) of Corporation		
Mechanical Pe	ermit information	
Description of Work New		,
Jacksons Heating & Air	910-891-5410	
Mechanical Contractor's Company Name	Telephone	
Pa Bax 82 Benson NC	23670	
Devil Jackson	License #	
Signature of Officer(s) of Corporation		
Plumbing Per	rmit information	
Description of WorkNew	# Baths	
Curtis Fuircloth Plumbing	910 - 531 - 3111	
Plumbing Contractor's Company Name	Telephone	
5056 Elizabethtown they Roseboro , w	10 28387 7269	
Address	License #	
Cents funcloth		
Signature of Officer(s) of Corporation	mit Information	
	mit Information Fuy., Nc. 916-486-8855	
Trei-City Insulation 418 Person St.	Telephone	
Insulation Contractor's Company Name & Address	i mimbrida in	

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?yesno				
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 done?yesno				
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				
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:				
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work				
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:				
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				
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.				
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.				
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				

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES WATER USER'S AGREEMENT

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

Today's Date: 3/7/08 Date Service Requested: Will Call	*Deposits shown apply for customers with Fees Due: Deposit, Owner, Water \$2 Deposit, Owner, Sewer \$2 Deposit, Rental, Water \$5 Deposit, Rental, Sewer \$5	Connection Fee, all accounts: \$15		
This agreement is to request Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and/or sewer service connections at the following location: Please Print: Subdivision Weedstreet Lot # 160 Permit # (if applicable)				
Please Print: Subdivision WOODSHIRE	Lot # /6/ Permit # (if applicable)		
Service Address:	Landlord:			
Applicant's Name: Leubra Land	HOMES	· · · · · · · · · · · · · · · · · · ·		
Co-Applicant's Name:	- Andrew Comments	t t		
Mailing Address: Pa Bax 727		The months and the second seco		
Town: Dunn		Zip: 28335		
Home Phone Number: 892-4345	Contact Phone Number:			
Previous Address:				
Customer's Social Security #:	Co-App's Social Security #:			
Customer's Drivers License #:	Birthdate:	***		
Co-App's Drivers License #:	Birthdate:			
Employer:				
Employer's Address	Employer's Phone #:			
Co-Applicant's Employer and Phone #:				
Name of Nearest Relative:	Phone #:			
Mailing Address:				
I, the undersigned, do agree to abide by the rules ammake all payments on time when due as stated on the WATER notice. In order for service to be restored, I will be required to action to collect on an account will be the responsibility of the refunded. Property owners will be responsible for a month sold or rented. By signing this application, you are agreeing Customer Signature:	p pay ALL DUE amounts plus a \$30 reconnect fee. An existence. Any FINAL BILLS with a credit balance of bill regardless of whether water and/or sewer is be	ect my services without further by fees resulting from court of less than \$1.00 will not be		
Amount Paid: Cash:	Check: Account #: CID:	LID:		
Account # Transferred From:	Date To Turn Off:			
Address of Transferred Account:	Turn On: Read	Only:Install:		

SLAB

Woodshire

Job Name___

Date:

3-11-08

Required Inspections for SFA/SFD

Appl. # <u>08-600/96</u>/7 Valuation <u>198 683</u> Sq. Feet <u>3058</u>

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.
30-999	R* Elec. Under Slab
30-999	
40	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
50	One Trade Rough In > 2500
	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
	operations remit