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

Application #

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

Application	<u>luliding and Trades Perr</u>	2/2/100
Owner's Name: [ subtaland, Stante	تے Date: تے	<u> </u>
Site Address: #/61 Whodshize	Рhоле: 89λ	
Directions to job site from Lillington: 27 W	Don Nursery K	4. /(TL) on
	in Or. 1500	Sonwa Dr
Don Teak Was Court		
	Lot: _/	161
Subdivision: Woodshire	Boulds Road #Bedro	oms:
Description of Proposed Work: 2 Story w/L Heated SF2, 498 Unheated SF 7/6 Finished R		Crawl Space ( ) Slab ()
Heated SFX, 440 Unheated SF // Finished R	tor Information	
Cumberland Homes	910-892-	4345
Building Contractor's Company Name	Telephone	
Po Box 727 Dunn, NC 28335		<u>59493</u>
Address ()		License #
Address Dany Recris	Must sign & fill out second	page
	nit Information	
Description of Work New Service	e Size: 200 Amps	TPole yes/no
Wester + Pace	919-499-5	5389
Electrical Contractor's Company Name	Telephone	
546 Leslie Dr. Sanford, NC		12007-11
Address -		License #
William Wester		
Signature of Officer(s) of Corporation	mit Information	
***		
Description of Work New		
Tallers Hadimy Air	910 - 89	1-5410
Jacksons Heating & Air	910 - 89 Telephone	1-5410
Jacksons Heating & Air Mechanical Contractor's Company Name	Telephone	23670
Jacksons Heating & Air Mechanical Contractor's Company Name Pa Bax 82 Benson, NC		(a
Jacksons Heating & Air Mechanical Contractor's Company Name		23670
Mechanical Contractor's Company Name  Pa Bax 82 Benson NC  Address  Duchson  Signature of Officer(s) of Corporation	Telephone	23670
Mechanical Contractor's Company Name Po Box 82 Benson, NC Address  Duckson  Signature of Officer(s) of Corporation  Plumbing Perr	Telephone nit Information	23670 License #
Mechanical Contractor's Company Name  Pa Bax 82 Benson NC  Address  Signature of Officer(s) of Corporation  Plumbing Perr  Description of Work  New	Telephone  mit Information  # Baths	23670 License #
Mechanical Contractor's Company Name  Po Box 82 Benson, NC  Address  Signature of Officer(s) of Corporation  Description of Work  Curtis Fuircloth Plumbike	Telephone  mit Information  # Baths	23670 License #
Mechanical Contractor's Company Name  Po Box 82 Benson, NC  Address  Signature of Officer(s) of Corporation  Plumbing Perr  Curtis Fuircloth Plumbing  Plumbing Contractor's Company Name	Telephone  mit Information  # Baths  Telephone	23670 License #
Jacksons Heating & Air  Mechanical Contractor's Company Name  Pa Bax 82 Benson NC  Address  Signature of Officer(s) of Corporation  Plumbing Perr  Description of Work  Curtis Fuircloth Plumbing  Plumbing Contractor's Company Name  5056 Elizabethown they Roseboro, We	Telephone  mit Information  # Baths  Telephone	23670 License # 531 - 3111 7269
Mechanical Contractor's Company Name  Po Box 82 Benson, NC  Address  Signature of Officer(s) of Corporation  Plumbing Perr  Curtis Fuircloth Plumbing  Plumbing Contractor's Company Name	Telephone  mit Information  # Baths  Telephone	23670 License #
Jacksons Heating & Air  Mechanical Contractor's Company Name  Pa Bax 82 Benson, NC  Address  Signature of Officer(s) of Corporation  Plumbing Perr  Description of Work  Curtis Faircloth Plumbing  Plumbing Contractor's Company Name  5056 Elizabethtown they Roseboro, Work  Address  Cents Funcboth	Telephone  mit Information  # Baths  Telephone	23670 License # 531 - 3111 7269
Jacksons Heating & Air  Mechanical Contractor's Company Name  Pa Bax 82 Benson NC  Address  Signature of Officer(s) of Corporation  Plumbing Perr  Description of Work  Curtis Fuircloth Plumbing  Plumbing Contractor's Company Name  5056 Elizabethown they Roseboro, We	Telephone  mit Information  # Baths  110 ~  Telephone  28382	23670 License # 531 - 3111 7269
Jacksons Heating & Air  Mechanical Contractor's Company Name  Po Box 82 Benson, NC  Address  Signature of Officer(s) of Corporation  Plumbing Perr  Description of Work  Curtis Fuircloth Plumbing  Plumbing Contractor's Company Name  5056 Elizabeth town they Roseboro, Work  Address  Curtis Fuircloth  Signature of Officer(s) of Corporation	Telephone  mit Information  # Baths  Gio ~  Telephone  28382	23670 License # 531 - 3111 7269

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? yesno			
3. Do you intend to directly control & supervise construction activities?yesno			
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			
Cinnature of CurhoffContractor/Officer(a) of Corneration Data			
Signature of Owner/Contractor/Onicer(s) of Corporation Date V			
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			
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  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			
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			
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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.			

## 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 approved credit only!  Fees Due: Deposit, Owner, Water \$25 Connection Fee, Deposit, Owner, Sewer \$25 all accounts: \$15 Deposit, Rental, Water \$50 Deposit, Rental, Sewer \$50 Meter Fee: \$70		
and Regulations, to provide water and/or sewer service conne			
Please Print: Subdivision WooDSHIRE	Lot # 16/ Permit # (if applicable) 19(1)8		
	V 263.		
Applicant's Name: Leuber land Hone	les		
Co-Applicant's Name:			
Mailing Address: Po Box 727			
Town: Duan	State: NC 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 and regulations of the Harnett county Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my services without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be efunded. Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. By signing this application, you are agreeing that you are at least 18 years of age.			
Customer Signature:			
Amount Paid:Cash:			
Account # Transferred From:	Date To Turn Off:		
Address of Transferred Account:	Turn On:Read Only:Install:		

# SLAB Woodshie

Plan Box Number AA 7

Job Name Comperland

Date: 3-11-08

Required Inspections for SFA/SFD

Appl. # 08-50019618 Valuation # 199722 Sq. Feet 3074

### 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	R*Plumb. Under Slab
40	
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
60	R* Insulation
	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
	The state of the s