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

	* 1910 <u>87</u>	
Application	#	

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

Application for Residential Building and Trades Permit
New Contact Itimes 3-11-08

Owner's Name: Name:	Phone: 892-A345
Site Address:	Phone:Phone:
Directions to job site from Lillington: 27 w /	By Hover 19. 100m
Welstone Or. FD on Fair Born RD.	Patricina Company Comp
Subdivision: Persimmen Hill	Lot: 64
	' #Padraama'
Heated SF 2001 Unheated SF 442 Finished I	Rec Boom? 525 Crawl Space () Slab (9
General Contra	ctor Information
Cumberland Homes	910-892-4345
Building Contractor's Company Name	Telephone
Pa Box 727 Dunn, NC 28335	59493
- Commission of the Commission	License #
Jany Korres	Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation	nit information
Description of Work New Service	e Size: 200 Amps TPole: yesino
Wester + Pace	919 - 499 - 5389
Electrical Contractor's Company Name	Telephone
546 Leslie Or. Sanford, NC	12007-L
Address -	License #
William Wester	
Signature of Officer(s) of Corporation	wit Information
	mit information
Description of Work Νεω	910 - 891 - 5410
Jacksons Heating & Air Mechanical Contractor's Company Name	Telephone
	23670
Pa Bax 82 Benson, NC	License #
Address On As and	
Signature of Officer(s) of Corporation	
Plumbing Perr	nit Information
Description of Work New	# Baths 2 1/2
Glover Contract Plumbing	910-892-1612
Plumbing Contractor's Company Name	Telephone
Po Box 726 Coats, NC	23160
Address	License #
Shown Stones	
Signature of Officer(s) of Corporation	it fulcymatics
Insulation Perm	
	Tay, NC 910-486-8855 Telephone
Insulation Contractor's Company Name & Address	raiefinona

Homeowners Applying to Build Their Own Home
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?
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 beyes 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? 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. 3-11-08 Signature of Owner/Contractor/Officer(s) of Corporation Date
Signature of OlympriContractor/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
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
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 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.
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

Application #___

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES Water User's Agreement Form Must be Completed in Full Before Service is Made Available. LD is Required.

	*Deposits shown apply for customers with approved credit only:			
Today's Date 3-11-08	Fees Due: Deposit, Owner, Water \$25 Connection ree,			
	Deposit, Owner, Sewer \$25 all accounts: \$15			
Date Service Requested: we will cull	Deposit, Rental, Water \$50			
*	Deposit, Rental, Sewer \$50 Meter Fee: \$70			
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:				
Diosea Print	11.11			
Service Address: LoT # 64	Persimmen Hill Landlord:			
Applicant's Name: New Can-	tury Ifamos			
Applicant's Social Security #:	DL#:Birthdate:			
Co-Applicant's Name:				
·	DL#:Birthdate:			
Applicant's Billing Address: Po Box	_			
	State: NC Zip: 28335			
Home Phone #: 910 - 991 - 4345	Cell Phone #:			
Previous Address:				
Employer's Name:	Phone #:			
Employer's Address:	-2			
Co-Applicant's Employer:	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 refunded. 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:	Check:Account #:			
	Date To Turn Off:			
Address of Transferred Account	Turn On: Read Only: Instail:			

SLAB

Plan Box Number RA 1

Job Name Cumberland"

Date: 3-12-08

Required Inspections for SFA/SFD

Appl. # 08-58019627 Valuation 210762 Sq. Feet 3243

280S

Sequence

are.	
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	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	Two Trade Rough In> 2500
40	One Trade Rough In
50	One Trade Rough In > 2500 R* Insulation
60	
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
999	One Trade Final > 2500
777	Envir. Operations Permit