\* Each 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.

Application # 66-50021095

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

	for Residential Building and Trades Permit	
Owner's Name: Lumberland	HOMES Date: 10/8/08	
Site Address: Lot # 67	Isheford Phone: 910-892-4345	_
Directions to job site from Lillington:	7 W. (7) ON NC 87	
(TX) NC 24	The on what set (7)	7
an Asheford Way	The at Haristock was Let as the	מב מינו פיקאני
Subdivision:	Lot: 67	,,,,,
Description of Proposed Work:		
Heated SF 324 Unheated SF 52	16 Finished Rec Room? Yes Crawl Space (YSIa	ab()
Cumberland Homes	eneral Contractor Information	
Building Contractor's Company Name	910 - 892 - 4345 Telephone	
Po Box 727 Dunn, NC	2833 <u>5</u> 59493	
Address -	License #	
Dany hours	Must sign 9 fill out assend ness	
Signature of Owner/Contractor/Officer(s)	of Corporation	
Description of Work New	Electrical Permit information Service Size: 200 Amps TPole yes/no	
Wester + Pace	919 - 499 - 5389	
Electrical Contractor's Company Name	Telephone	
546 Leslie Or. Sanford	, NC 12007-L	
Address -	License #	
	License #	
Signature of Officer(s) of Corporation	·····	
Signature of Officer(s) of Corporation  Med	License #	
Signature of Officer(s) of Corporation  Mec  Description of Work  New	echanical Permit Information	
Signature of Officer(s) of Corporation  Mec  Description of Work  Tacksons Heating + Air  Mechanical Contractor's Company Name	910 - 891 - 5410	
Description of Work  Tacksons Heating + Air  Mechanical Contractor's Company Name Pa Bax 82 Benson NC	910 - 891 - 5410	
Signature of Officer(s) of Corporation  Mec  Description of Work  Tacksons Heating + Air  Mechanical Contractor's Company Name  Pa Bax 82 Benson NC  Address	910 - 891 - 5410	
Signature of Officer(s) of Corporation  Mec  Description of Work  Tacksons Heating + Air  Mechanical Contractor's Company Name  Pa Bax 82 Benson NC  Address  Durkson	9(0 - 891 - 5410 Telephone	
Signature of Officer(s) of Corporation  Mec  Description of Work  Jacksons Heating & Air  Mechanical Contractor's Company Name  Pa Bax B2 Benson NC  Address  Signature of Officer(s) of Corporation	Pechanical Permit Information  910 - 891 - 5410  Telephone  23670  License #	
Signature of Officer(s) of Corporation  Mec  Description of Work  Tacksons Heating & Air  Mechanical Contractor's Company Name  Pa Bax B2 Benson NC  Address  Signature of Officer(s) of Corporation  Plu	Telephone  23670  License #	
Signature of Officer(s) of Corporation  Description of Work  Tacksons Heating + Air  Mechanical Contractor's Company Name  Pa Bak 82 Benson NC  Address  Signature of Officer(s) of Corporation  Plui  Description of Work  New	Telephone  23670  License #  umbing Permit Information  # Baths 2 1/2	
Signature of Officer(s) of Corporation  Mec  Description of Work  Tacksons Heating & Air  Mechanical Contractor's Company Name  Pa Bax B2 Benson NC  Address  Signature of Officer(s) of Corporation  Plu	Telephone  23670  License #  umbing Permit Information  # Baths 2 2  910~892-1612	
Signature of Officer(s) of Corporation  Description of Work  Tacksons Heating Air  Mechanical Contractor's Company Name  Pa Bak 82 Benson NC  Address  Signature of Officer(s) of Corporation  Plumbing Contractor's Company Name  Plumbing Contractor's Company Name	Pechanical Permit Information    10 - 891 - 5410     Telephone   23670     License #     umbing Permit Information   # Baths   2   2	
Signature of Officer(s) of Corporation  Description of Work  Jacksons Heating & Air  Mechanical Contractor's Company Name  Pa Bax 82 Benson NC  Address  Signature of Officer(s) of Corporation  Plumbing Contractor's Company Name  Po Bax 726 Coats, NC  Address	Telephone  23670  License #  umbing Permit Information  # Baths 2 2  910~892-1612	
Signature of Officer(s) of Corporation  Mec  Description of Work  Tacksons Heating + Air  Mechanical Contractor's Company Name  Pa Bax B2 Benson NC  Address  Signature of Officer(s) of Corporation  Plu  Description of Work  Claver (ontract Plumbing  Plumbing Contractor's Company Name  Pa Bax 726 Coats, NC  Address  Sharn More	# Baths 2 1612  Telephone  # Baths 2 1612  Telephone  # Baths 2 1612  Telephone	
Signature of Officer(s) of Corporation  Description of Work New  Tacksons Heating & Air  Mechanical Contractor's Company Name  Pa Bax 82 Benson NC  Address  Signature of Officer(s) of Corporation  Plumbing Contractor's Company Name  Pa Bax 726 Coats, NC  Address  Signature of Officer(s) of Corporation  Plumbing Contractor's Company Name  Pa Bax 726 Coats, NC  Address  Signature of Officer(s) of Corporation	Pechanical Permit Information    10 - 891 - 5410     Telephone   23670     License #     umbing Permit Information   # Baths   2   2	
Signature of Officer(s) of Corporation  Description of Work  Tacksons Heating Air  Mechanical Contractor's Company Name  Pa Bak 82 Benson NC  Address  Signature of Officer(s) of Corporation  Plumbing Contractor's Company Name  Pa Bak 726 Coals NC  Address  Signature of Officer(s) of Corporation  Plumbing Contractor's Company Name  Pa Bak 726 Coals NC  Address  Signature of Officer(s) of Corporation  Insulation	# Baths # Telephone  # Baths # Telephone	
Signature of Officer(s) of Corporation  Description of Work New  Tacksons Heating & Air  Mechanical Contractor's Company Name  Pa Bax 82 Benson NC  Address  Signature of Officer(s) of Corporation  Plumbing Contractor's Company Name  Pa Bax 726 Coats, NC  Address  Signature of Officer(s) of Corporation  Plumbing Contractor's Company Name  Pa Bax 726 Coats, NC  Address  Signature of Officer(s) of Corporation	# Baths # Telephone  # Baths # Telephone	

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?
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 Owner/Contractor/Officer(s) of Corporation Date
Signature Owner/Contractor/Officer(s) of Corporation  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