* Each section below to be filled out by whomever performing work. Must be owner or ilcensed contractor. Address, company name & phone must match information on license. Application # 08.50021308

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

Application for Residential Building and Trades Permit Owner's Name: Franklet Site Address: Subdivision: Laure Description of Proposed Work: Just #Bedrooms: Heated SF 2802 Unheated SF 4 Finished Rec Room? Crawl Space (v) Slab () General Contractor Information Cumberland Homes 910-892-4345 Building Contractor's Company Name Telephone PO BOX 727 28335 Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation **Electrical Permit Information** Description of Work New Service Size: 200 _Amps TPole yes/no Wester + Pace 919-499-5389 Electrical Contractor's Company Name Telephone 546 Leslie Dr. Santord NC Address ~ William Wester Signature of Officer(s) of Corporation **Mechanical Permit Information** Description of Work Jacksons Heating + Air 910 - 891-5410 Mechanical Contractor's Company Name Telephone 23670 Pa Box 82 Benson NC Address License # Signature of Officer(s) of Corporation Plumbing Permit Information # Baths 2 & 2-12'5 Description of Work Glover Contract Plumbing 910-892-1612 Plumbing Contractor's Company Name Telephone PO BOX 726 Coats NC 23160 Signature of Officer(s) of Corporation **Insulation Permit Information** Tri-City Insulation 418 910-486-8855 Insulation Contractor's Company Name & Address Telephone

Application #	
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Analysis Applied 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 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.		
11/24/08		
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.		
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.		
Company or Name: Cumberland Homes		
Company or Name: Cumberland Homes Sign w/Title: Dy his lowner Date: 11/24/08		

Plan Box Number A

Job Name Promise HTB Wis

Date: 11-25-08

Required Inspections for SFA/SFD

Appl. # 08-50021308 Valuation 211157 Sq. Feet 3250 Sq. Feet

Sequence

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10	R* Bldg. Footing
10-30	De Elea Torra C
20	R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
40	R*Plumb. Under Slab
40	Four Trade Rough In
10	Four Trade Rough In> 2500
40	Figure Trade Rough In
40	Three Trade Rough In> 2500
40	I Wo I rade 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 Operation P
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