* 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 ficense.

Application # 09 500 21632

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits Application for Residential Building and Trades Permit

Application for hes	1 - 0 S	
Owner's Name: Kenneth Can	mings Date: 3-4-05	
Site Andress: 211/14/6/6/6 12	7546 Phone: 5/6-71-7-67-63	
Directions to lon site from Lillington: 444	27 wist 7.2. Nauser	
The demiet The work	od shire T.K. Danor	
T. 21 Took woold		
Subdivision: wood shire	Lot: 16 th	
Description of Proposed Work: NEW	# Bedrooms: 3	
Heated SF 2352 Unheated SF 576 F	inished Rec Room? Crawl Space () Slab (
	Contractor Informátion	
Building Contractor's Company Name	910 984-6783	
Building Contractor's Company Name	Telephone	
670 Gristin RD Lilli	1 sephone 15 for 11 2 7546 14 8 56	
Address	License #	
I am the	Must sign & fill out second page	
Signature of Owner/Contractor/Officer(s) of Co	rporation	
Electri	cal Permit Information	
Description of Work	Electrical Cost \$	
TS Pole: Yes (No () Underground (+		
Permanent Service: Underground () Ove	rhead () Service Size: 200 Amps	
IM pape sicer	910 850 3655 Telephone	
Electrical Contractor's Company Name	1 elephone21326	
Address	Licanca #	
Lower M. Pope	Marie Col Carl Col Carl Col Carl	
Signature of Officer(s) of Corporation		
Mechan	ical Permit Information	
Description of Work		
Number of Units Type Syste	m Mechanical Cost \$	
gon of valen		
Mechanical Contractor's Company Name	felephone	
	License #	
Address / / / / / / / / / / / / / / / / / /	Licerise #	
Signature of Officer(s) of Corporation	and the state of t	
	ng Permit Information	
Description of Work Number of Baths	- · · · · · · · · · · · · · · · · · · ·	
Number of Baths Richard PHen Li Hange	910 473 -244/	
Plumbing Contractor's Company Name		
Plumbing Contractor's Combany Name	NC18748 P1-26497	
Address	License #	
Com like Compani		
Signature of Officer(s) of Corporation		
insulation Permit Information		
Residential (+ Other () Not Required ()	ALCONOMICS OF THE PROPERTY OF THE PARTY OF T	
Insulation Contractor's Company Name		
Insulation Contractor's Company Name	Address Telephone	
	Page 1 of 3 12/04	

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		
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?yes no		
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?		
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?		
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. 3-4-99 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.		
years are sent for		
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:		

Application #_____

Plan Box Number D-5

Job Name KENNETH CUMMINGS

Date: 3-5-09

Required Inspections for SFA/SFD

Appl. # 0950021632 Valuation $\frac{$152,813}{2352}$

Sequence

•	
10 10-30 20 20 30-999 30-999	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor 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
	Hage Trade Rough In
40	Three Trade Rough In> 2500
40 40	I wo Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
50	One Trade Rough In > 2500
60	R* Insulation
50	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
	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit