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

	 2	18	16	
Application #	 <u></u>		<u> </u>	

Harnett County Central Permitting PO Box 65 Lillington, NG 27546

Phone 910-893-7525 Fax 910-893-27	93 www.harnett.org
Application for Residential Building	
Owner's Name: Limberland Hanes, like	Date: 3/84/04
1 /	S. Phone: 910-892-4345
Directions to job site from Lillington: 27 West Front	Minghan DON
Copromile School Rd, (TR) of Porterage	a Rd, (TL) isto SID,
(TR) and Green Links Dr. (Th) and AN	Lique Ct., Let on Lety
Subdivision: Parolina Seasons	Lot: 75
Description of Proposed Work: Two Show will Re	20 Race(#Bedrooms:
Heated SF 433 Unheated SF 600 Finished Rec Room General Contractor Info	m? <u>450 &</u> Crawl Space () Slab (Y ormation
Cumberland Homes	910-892-4345
Building Contractor's Company Name Teleph	
Po Box 727 Dunn, NC 28335	<u>59493</u>
Address	License #
	ign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit Infor	mation
Description of Work New Service Size:	200 Amps TPole yes/no
Wester + Pace	919 - 499 - 5389
Electrical Contractor's Company Name Teleph	
5A6 Leslie Or. Sanford, NC	12007-11
Address -	License #
William Wester	
Signature of Officer(s) of Corporation Mechanical Permit Info	rmation
Description of Work New	
Jacksons Heating + Air	910 - 891 - 5410
Mechanical Contractor's Company Name	Telephone
Pa Bax 82 Benson NC	23670
Address	License #
Our Jockson	
Signature of Officer(s) of Corporation	matlan
Plumbing Permit Inform	# Baths 2 1/2
Description of Work New	# Bains & /A
Glover Contract Plumbing	910-892-1612
Plumbing Contractor's Company Name	Telephone
Po Box 726 Coats, NC Address	
Shan Mover	
Signature of Officer(s) of Corporation	
Insulation Permit Inform	
Tri-City Insulation 418 Person St. Fay, No	910-486-8855
Insulation Contractor's Company Name & Address	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?yesno
Have you hired or intend to hire an individual to superintend and manage construction of the yes no project?
Do you intend to directly control & supervise construction activities? yes no
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? 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
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 Sign W/Title: Date: 3/24/09
Sign w/Title: Dy his /owner Date: 3/24/09

Application #_

Plan Box Number AA-2

Job Name CAROLINA SEASONS

Date: 3 -26-01

Required Inspections for SFA/SFD

Appl. # <u>69</u> 500 21816 Valuation <u>#223 43</u>7 Sq. Feet <u>34 39</u>

Sequence

10	D+Dii -
10-30	R* Bldg. Footing
	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
10	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
40	One Trade Rough In > 2500
50	R* Insulation
60	Four Trade Final
60	
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