* Fach 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 # 3195

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
9 10-893-7525 Fax 910-893-2793 www.harnett.org

Phone 910-993-7525 Fa	(910-893-2793 www.namercorg			
Application for Resident	al Building and Trades Permit			
Owner's Name: Linkerland Horses,	Date: 4/21/09			
Site Address: Lot # 76 Carolina	Phone: 910-892-4343			
Directions to job site from Lillington: 27 West	Front Lillington, TR ON			
Chrowille School Rd, (TR) of La	Aderasa Rd, (TL) inte SID,			
(R) and Green Links Dr. (TL)	an Antique Ct, Lot an Lety			
Subdivision: Lardina Seasons	Lot: 16			
Description of Proposed Work: Two Story	Acr Lase #Bedrooms: 3			
Heated SF 45/8 Unheated SF 696 Finished General Cont	d Rec Room? Crawl Space () Slab (
Cumberland Homes	910-892-4345			
Building Contractor's Company Name	Telephone			
Po Box 727 Dunn NC 28335	<u>59493</u>			
Address Dany Asias Signature of Owner/Contractor/Officer(s) of Corporat	License #			
Yang hours	Must sign & fill out second page			
Flectrical Po	ermit intormation			
Description of Work New Sen	vice Size: 200 Amps TPole yes no			
Wester + Pace	919 - 499 - 5389			
Electrical Contractor's Company Name	Telephone 12のフェル			
5A6 Leslie Or. Sanford, NC	License #			
Address -				
Signature of Officer(s) of Corporation				
Mechanical F	Permit Information			
Description of Work New				
Jacksons Heating & Air	910-891-5410			
Mechanical Contractor's Company Name	Telephone			
Po Box 82 Benson, NC	23670			
Address	License #			
(test fockson				
Signature of Officer(s) of Corporation	ermit Information			
Description of Work New	# Baths 2 /2			
Glover Contract Plumbing	910-892-1612			
Plumbing Contractor's Company Name	Telephone			
PO BOX 726 Coats, NC	23160			
Address	License #			
Shown Glover				
Signature of Officer(s) of Corporation Insulation Permit Information				
Tri-City Insulation 418 Person St. Insulation Contractor's Company Name & Address	Telephone			
insulation Contractor's Company Name & Address	, order and			

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Application	#	<u> </u>	10	

ti Annistra to H	Little Their Own Home			
Please answer the following questions then see a Permit Technician to Questionnaire per G.S. 87-14 Regulations as to Issue	Build Their Own Home of determine if you qualify for permit under Owners Exemption. The of Building Permits (Memo available upon request)			
1. Do you own the land on which this building will be	constructed?yesno			
2. Have you hired or intend to hire an individual to su project?	perintend and manage construction of the yes no			
3. Do you intend to directly control & supervise const	ruction activities? yes no			
4. Do you intend to schedule, contract, or directly paydone?				
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.				
Signature of Owner/Contractor/Officer(s) of Corporation	Date			
Affidavit for Worker's Compensation N.C.G.S. 87-14				
Affidavit for Worker's Comp				
Affidavit for Worker's Comp The undersigned applicant being the:				
Affidavit for Worker's Comp The undersigned applicant being the: General Contractor Owner Compared to the contractor Owner Owner Compared to the contractor Owner	ensation N.C.G.S. 87-14			
The undersigned applicant being the:	ensation N.C.G.S. 87-14 Officer/Agent of the Contractor or Owner			
The undersigned applicant being the: General Contractor Owner Do hereby confirm under penalties of perjury that the person	ensation N.C.G.S. 87-14 Officer/Agent of the Contractor or Owner on(s), firm(s) or corporation(s) performing the work			
The undersigned applicant being the: General Contractor Owner Do hereby confirm under penalties of perjury that the person set forth in the permit:	ensation N.C.G.S. 87-14 Officer/Agent of the Contractor or Owner on(s), firm(s) or corporation(s) performing the work workers' compensation insurance to cover them.			
The undersigned applicant being the: General Contractor Owner Do hereby confirm under penalties of perjury that the person set forth in the permit: Has three (3) or more employees and has obtained Has one (1) or more subcontractors(s) and has obtained	ensation N.C.G.S. 87-14 Officer/Agent of the Contractor or Owner on(s), firm(s) or corporation(s) performing the work workers' compensation insurance to cover them.			
The undersigned applicant being the: General Contractor Owner Do hereby confirm under penalties of perjury that the person set forth in the permit: Has three (3) or more employees and has obtained Has one (1) or more subcontractors(s) and has obtained. Has one (1) or more subcontractors(s) who has their	ensation N.C.G.S. 87-14 Officer/Agent of the Contractor or Owner on(s), firm(s) or corporation(s) performing the work workers' compensation insurance to cover them. Ained workers' compensation insurance to cover own policy of workers' compensation insurance			
The undersigned applicant being the: General Contractor Owner Owner	ensation N.C.G.S. 87-14 Difficer/Agent of the Contractor or Owner on(s), firm(s) or corporation(s) performing the work workers' compensation insurance to cover them. Alined workers' compensation insurance to cover own policy of workers' compensation insurance intractors. It is understood that the Central Permitting overage of worker's compensation insurance prior ted work from any person, firm or corporation			
The undersigned applicant being the: General Contractor Owner Owner Do hereby confirm under penalties of perjury that the personant forth in the permit: Has three (3) or more employees and has obtained Has one (1) or more subcontractors(s) and has obtained. Has one (1) or more subcontractors(s) who has their covering themselves. Has no more than two (2) employees and no subcontractors (s) who has their covering themselves. While working on the project for which this permit is sought Department issuing the permit may require certificates of contractors (s) the permit and at any time during the permit.	ensation N.C.G.S. 87-14 Officer/Agent of the Contractor or Owner on(s), firm(s) or corporation(s) performing the work workers' compensation insurance to cover them. Alined workers' compensation insurance to cover own policy of workers' compensation insurance intractors. It is understood that the Central Permitting overage of worker's compensation insurance prior ted work from any person, firm or corporation			

Plan Box Number AA-

Job Name CUMBERLAND

Date: 4-22-09

Required Inspections for SFA/SFD

Appl. # 0950021951 Valuation #6 19208,818 Sq. Feet 3214

Sequence

•	
10	R* Bldg. Footing
10-30	R* Flee Tomo Garden D.
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	Tage Trade Rough In
40	Three Trade Rough In> 2500
40	I wo Trade Rough In
40	Two Trade Rough In> 2500
	One Trade Rough In
40	One Trade Rough In > 2500
50	R* Insulation
60	Four Trade Final
50	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	
999	One Trade Final > 2500
	Envir. Operations Permit