* 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.

Harnett County Central Permitting PO Box 65 Lillington, NC 27548 Phone 910-893-7525 Fax 910-893-2793 www.harnett.org Ication for Residential Building and Trades Pe

Application for resider	Mai Building and Traces Permit
Owner's Name: CAFTSHEN CONSTR	Date: 3/7/09
Site Address: Lot # 68 CAROLINA	. SEASONS Phone: 910-892-4345
Directions to job site from Lillington: 27 West	Front Lillington, TR ON
Johnson ile School Ed, JD and	adderasa Rd, (TL) into S/D,
(R) and Green Links Dr. Lot	an Left passed Antique Ct.
Subdivision: Larding Seasons	Lot: <u>68</u>
Description of Proposed Work 2 Story w	Boxics #Bedrooms: 4
Heated SF2502 Unheated SF 460 Finish	ed Rec Room? 125 Crawl Space () Slab (v)
Cumberland Homes	ntractor information 910 - 892 - 4345
Building Contractor's Company Name	Telephone
PO Box 727 Dunn, NC 28335	
Address	License #
Dany hours	Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corpora	เขอก <u>Permit information</u>
	rvice Size: 200 Amps TPole yes/no
Wester + Pace	919 - 499 - 5389
Electrical Contractor's Company Name	Telephone
5A6 Leslie Or. Santord, NC	12007-L
Address ~	License #
William Wester	
Signature of Officer(s) of Corporation	Permit Information
	- Billist automation
Description of Work New	910 - 891-5410
Mechanical Contractor's Company Name	Telephone
Pa Bax B2 Bensan NC	23670
Address 2	License #
Deil Our harm	
Signature of Officer(s) of Corporation	
Plumbing Po	ermit Information
Description of Work	# Baths
Glover Contract Plumbing	910-892-1612
Plumbing Contractor's Company Name	Telephone
PO BOX 726 Coats, NC	23160
Address	License #
- Hun Dlaver	
Signature of Officer(s) of Corporation Insulation Permit Information	
	
Tri-City Insulation 418 Person St.	Fay, NC 910-486-8855
Insulation Contractor's Company Name & Address	Telephone

Application #		
A Build 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? yes no		
Have you hired or intend to hire an individual to superintend and manage construction of the project? yes no		
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? 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 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.		

Cumberland Homes

Plan Box Number 19 1

Job Name Cumberland Hom

Date: 5-41-09

Required Inspections for SFA/SFD

Appl. # 99-5002206 Valuation 192445 Sq. Feet 2962

Sequence

10	R* Bldg. Footing
10-30	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	P+Dismab 75 1 21
40	R*Plumb. Under Slab
40	Four Trade Rough In
10	Four Trade Rough In> 2500
40	The Trade Rough In
40	Three Trade Rough In> 2500
40	1 wo frade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
50	One Trade Rough In > 2500
60	K* insulation
50	Four Trade Final
	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