\* Each section below to be filled out by whomever performing work. Must be owner or licensed license.

Address

Signature of Officer(s) of Corporation

Tri-City Insulation 418 Person St.
Insulation Contractor's Company Name & Address

Application #\_

| d contractor. Address, company<br>hone must match information on | PO Box 65                                   | ity Central Permillin<br>Lillington, NC 27546 |                   |                     |
|--|---|---|-------------------|---------------------|
|  | Phone 910-893-7525 F                        | ax 910-893-2793 www.ha                        | ernett.org        |                     |
| Appli  |   | tial Building and T                           |                   | 7/20                |
| Owner's Name: New C  | entury 10                                   | MES   | Date: <u>3/2</u>  | 109                 |
| Site Address: Lot # 120  | 1 Ashery                                    | Rd Phone                                      | : <u>910-892-</u> | 4345                |
| Directions to job site from Lilling                              | aton: 27 Wes                                | + out of                                      | Lillington        |                     |
| and NC 24 East   | (TR) as                                     | Harks .                                       | Rd The            | into                |
|  | - de la |   |                   |                     |
| 3/1) ON AGHEFY   | va vay                                      |   | 10th 120          | 7                   |
| Subdivision: Asherord  |   | ///   | Lot: <i>J</i> &&& | - 3                 |
| Description of Proposed Work:                                    | Two Story                                   | w/ Bortus                                     |                   | <u> </u>            |
| Heated SF 2174 Unheated  | SF <u>636</u> Finish<br>General Co          | ied Rec Room? <u> </u>                        |                   | Space () Slab 🗸     |
| Cumberland Home  |   | 910   | -892 -43A         | 5                   |
| Building Contractor's Company                                    | Name  | Telephone                                     |                   | <del></del> -       |
| Po Box 727 Dunn  |   | 5   | 59,               | 493_                |
| Address O  | ,     |   | Lice              | nse #               |
| Address Dany Revis   | <b>)</b> .                                  | Must sign & fill                              | out second page   |                     |
| Signature of Owner/Contractor                                    | Chical(2) of Corpor                         | ation   |                   |                     |
|  | Eiectrical                                  | Permit Intormation                            | Amne TPoie        | Vestoo              |
| Description of Work New  | S   | ervice Size: 200                              |                   |                     |
| Wester + Pace  |   |   | 499-5389          | <u> </u>            |
| Electrical Contractor's Compan                                   | y Name                                      | Telephone                                     | 17 m              | 27-U                |
| 5A6 Leslie Dr. S   | antord, NC                                  |   |                   | ense #              |
| Address ~  |   |   | LICE              | 3115 <del>0</del> # |
| Signature of Officer(s) of Corpo                                 |   |   |                   |                     |
| Signature of Officer(s) of Corpo                                 | ration                                      | Dormit Informatio                             | n                 |                     |
|  |   | <u>l Permit informatio</u>                    | <u></u>           |                     |
| Description of Work Ne   | <u>.ယ</u>                                   |   | 242 001 01        | _                   |
| Jacksons Heating -   | Air   |   | 710 - 891-54      |                     |
| Mechanical Contractor's Comp                                     |   | Telep   |                   | ПО.                 |
| Pa Bax 82 Bens   | ion NC                                      |   |                   | 570                 |
| Address Signature of Officer(s) of Corpo                         | •   |   | LIC               | ense #              |
| Signature of Officer(s) of Corpo                                 | oration                                     |   |                   |                     |
|  | <u>Plumbing</u>                             | Permit Information                            | ا                 | 1/2                 |
| Description of Work  | <b>V</b>                                    |   | # Baths           | 1/32                |
| CHOVER CONTract  | Plumbing                                    | 9   | 110- 392-10       | v/2                 |
| Plumbing Contractor's Compan                                     | v Name                                      | Telep   | hone              |                     |
| DA D   | 11 11 1.                                    | 1/1   | <i>つ</i> ス/       | 617                 |

**Insulation Permit Information** 

Fay, NC

23/60 License #

914-486-8855

Telephone

| Application # |  |
|---------------|--|
|---------------|--|

| Homeowners Applying to Build Their Own Please answer the following questions then see a Permit Technician to determine if you qualify to Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permi  | ts (Memo avai  |   |  |  |  |
|--|--|---|--|--|--|
| 1. Do you own the land on which this building will be constructed?   |  | I   |  |  |  |
| 2. Have you hired or intend to hire an individual to superintend and man project?  |  |   |  |  |  |
| 3. Do you intend to directly control & supervise construction activities?  |  |   |  |  |  |
| uone:  | _ yes  |   |  |  |  |
| 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   |  |   |  |  |  |
| Signature of Owner/Contractor/Officer(s) of Corporation  |  |   |  |  |  |
| Affidavit for Worker's Compensation N.C.G.   | 5. 87-14   |   |  |  |  |
| Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the:  |  | 2   |  |  |  |
| Affidavit for Worker's Compensation N.C.G.S.  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Contractor Owner   | Contractor or (  |   |  |  |  |
| Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the:  | Contractor or (  |   |  |  |  |
| Affidavit for Worker's Compensation N.C.G.S  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Compensation N.C.G.S  Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate in the compensation N.C.G.S   | Contractor or Contractor (s)   | forming the work                              |  |  |  |
| Affidavit for Worker's Compensation N.C.G.S  The undersigned applicant being the:  General Contractor  Owner  Officer/Agent of the Compensation N.C.G.S  Do hereby confirm under penalties of perjury that the person(s), firm(s) or corposet forth in the permit:   | Contractor or Contractor (s) performing the contractor (s) perform | forming the work to cover them.               |  |  |  |
| Affidavit for Worker's Compensation N.C.G.S.  The undersigned applicant being the:  General Contractor  Owner  Officer/Agent of the Compensation o | Contractor or Coration(s) performinsurance ensation insurance  | forming the work to cover them.               |  |  |  |
| Affidavit for Worker's Compensation N.C.G.S.  The undersigned applicant being the:  General Contractor  Owner  Officer/Agent of the Compensation o | Contractor or Coration(s) performinsurance ensation insurance  | forming the work to cover them.               |  |  |  |
| Affidavit for Worker's Compensation N.C.G.s  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Compensation of the Compensation of the Compensation of the permit:  Has three (3) or more employees and has obtained workers' compensation.  Has one (1) or more subcontractors(s) and has obtained workers' compensation.  Has one (1) or more subcontractors(s) who has their own policy of workers 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 Department issuing the permit may require certificates of coverage of worker's to issuance of the permit and at any time during the permitted work from any pecarrying out the work.   | contractor or (contractor) performance ensation insurance ensation insurance ensation insurance ers' compensation the Central Foompensation erson, firm or enson, firm or e | to cover them. rance to cover ation insurance |  |  |  |
| Affidavit for Worker's Compensation N.C.G.s  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Compensation of the Compensation of the Compensation of the permit:  Has three (3) or more employees and has obtained workers' compensation.  Has one (1) or more subcontractors(s) and has obtained workers' compensation.  Has one (1) or more subcontractors(s) who has their own policy of workers 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 Department issuing the permit may require certificates of coverage of worker's to issuance of the permit and at any time during the permitted work from any pecarrying out the work.   | contractor or (contractor) performance ensation insurance ensation insurance ensation insurance ers' compensation the Central Foompensation erson, firm or enson, firm or e | to cover them. rance to cover ation insurance |  |  |  |
| Affidavit for Worker's Compensation N.C.G.s  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Contractor owner Set forth in the permit:  Has three (3) or more employees and has obtained workers' compensate Has one (1) or more subcontractors(s) and has obtained workers' compensate Them.  Has one (1) or more subcontractors(s) who has their own policy of worker 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 Department issuing the permit may require certificates of coverage of worker's to issuance of the permit and at any time during the permitted work from any permitted  | contractor or (contractor) performance ensation insurance ensation insurance ensation insurance ers' compensation the Central Foompensation erson, firm or enson, firm or e | to cover them. rance to cover ation insurance |  |  |  |

Plan Box Number AA |

Job Name Cumberland

Date: 5-11-09

Required Inspections for SFA/SFD

Appl. # 0 9-56022063 Valuation 179711 Sq. Feet 2766

## Sequence

| 10          |                            |
|-------------|----------------------------|
| 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      | Deplement That are a       |
| 40          | R*Plumb. Under Slab        |
| 40          | Four Trade Rough In        |
| 10          | Four Trade Rough In> 2500  |
| 40          | Take 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  |
| 60          | <b>K*</b> Insulation       |
| 50          | Four Trade Final           |
| 60          | Four Trade Final > 2500    |
| <del></del> | 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   |
|             |                            |