* 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				

	~ 2208 <u>~</u>
Application #	$\sim \alpha \alpha \alpha \alpha$
Application #	

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
one 910-893-7525 Fax 910-893-2793 www.harnett.org

	nullation and Trades Dermit
	Building and Trades Permit
Owner's Name: New Century Hanks	Date: 5/11/09
Site Address: Lut # 71 Kaurel	Valley Phone: 910-892-4345
Directions to job site from Lillington:	West I an
Appleton way into SID,	1) an Chason Terrace,
(TR) ON Oakland Drive	77/
Subdivision: Laurel Valley	Lot:
Description of Proposed Work: Zwo Story	#Bedrooms:
Heated SF 1979 Unheated SF 520 Finished R	tec Room? <u>Ve5</u> Crawl Space (VSlab ()
Cumberland Homes	910-892-4345
Building Contractor's Company Name	Telephone
Po Box 727 Dunn, NC 28335	<u>59493</u>
Address ()	License #
Address Dany Result	Must sign & fill out second page
Signature of Owner/Contractor/Onicer(s) of Corporation	nit information
Description of Work New Service	Size: 200 Amps TPole yes no
Wester + Pace	919 - 499 - 5389
FIGURIOR COUNTRAIN A COUNTRAIN CONTRAIN	Telephone
5A6 Leslie Or. Sanford, NC	12007-K
Address -	License #
William Wester	•
Signature of Officer(s) of Corporation Mechanical Peri	nit Information
Description of Work <u>N</u> eω	
Jacksons Heating + Air	910-891-5410
Mechanical Contractor's Company Name	Telephone
Pa Box 82 Benson, NC	23670
Address D. J. D. J.	License #
Signature of Officer(s) of Corporation	
Plumbing Perm	It Information
Description of Work New	# Baths 2/2
Gloves Contract Plumbing	910-892-1612
Plumbing Contractor's Company Name	Telephone
P.O. Box 726 Carts NC	23160
Address	License #
Share Sailes	
Signature of Officer(s) of Corporation	Indovention
Insulation Permit	
Tri-City Insulation 418 Person St. Fa	7.)
Insulation Contractor's Company Name & Address	Telephone

ai a H	27089
Application #	

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
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?
3. 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 be
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 Custoerfard Stantes, like.
Sign w/Title:

PLAN BOX NUMBER	AM-1	JOB NAME LAUREL VALLEY DATE 5-13-09		
REQUIRED INSPECTION	ONS FOR SI	FA/SFD		
	0110101101	APPL.# 09 500 22089		
		VALUATION \$ 177,047		
		SQ. FEET 2725		
SEQUENCE				
10	R* BLD(G. FOOTING		
10-30		R* ELEC. TEMP SERVICE POLE		
20		DING FOUNDATION		
20	ADDRES	SS CONFIRMATION		
30-999	OPEN FI	LOOR		
30-999	R* BLD0	G. SLAB INSP.		
30-999	R* ELEC	C. UNDER SLAB		
30-999	R*PLUM	IB. UNDER SLAB		
40	FOUR T	RADE ROUGH IN		
40	FOUR T	RADE ROUGH IN > 2500		
40	THREE	FRADE ROUGH IN		
40	THREE	ΓRADE ROUGH IN >2500		
40	TWO TR	ADE ROUGH IN		
40	TWO TR	ADE ROUGH IN > 2500		
40	ONE TR.	ADE ROUGH		
40	ONE TR	ADE ROUGH IN > 2500		
50	R* INSU	LATION		
60	FOUR T	RADE FINAL		
60	FOUR T	RADE FINAL > 2500		
60	THREE 7	ΓRADE FINAL		
60	THREE 7	ΓRADE TINAL > 2500		
60	TWO TR	ADE FINAL		
60	TWO TR	ADE FINAL > 2500		
60	ONE TR	ADE FINAL		
60	ONE TR	ADE FINAL > 2500		
999	ENVIRO	OPERATIONS PERMIT		