*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.

2246 Application #_

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

Application for Residential	Building and Trades Permit
Owner's Name: Classic Hone Crea	Stor 5 Date: 7/14/09
Site Address: Lot # 57 AsheruRa	Phone: 910-892-4345
Directions to job site from Lillington:	out of Lillington (TL)
and NC 24 East, (TR) and.	marks Rd (El) into
5/D as Asherord why	
Subdivision: Asherard	Lot: 57
Description of Proposed Work: Two Story u	Boxus_#Bedrooms:3
Heated SE 2206 Unheated SF 480 Finished F	Rec Room? 125 Crawl Space () Slab (v)
General Contra	ctor Information
Cumberland Homes	910-892-4345
Building Contractor's Company Name	Telephone
Po Box 727 Dunn, NC 28335	<u> 59493</u>
Address Dany Revise Signature of Owner/Contractor/Officer(s) of Corporation	License #
Yang Karus	Must sign & fill out second page
Signature of Owner/Contractor/Onlock (c) or Corporation) nit information
Description of Work New Service	nit information e Size: <u>200</u> Amps TPole yesho
Wester + Pace	919 - 499 - 5389
Electrical Contractor's Company Name	Telephone
5A6 Leslie Or Sanford, NC	12007-L
Address -	License #
William Wester	•
Signature of Officer(s) of Corporation	
Mechanical Per	<u>mit information</u>
<u>Mechanical Per</u>	mit information
Mechanical Per Description of Work Neω	910 - 891 - 5410
<u>Mechanical Per</u>	
Description of Work New New Mechanical Per Tacksons Heating + Air Mechanical Contractor's Company Name	910-891-5410
Description of Work New Jacksons Heating + Air	910 - 891 - 5410 Telephone
Mechanical Per Description of Work Neω Jacksons Heating + Air Mechanical Contractor's Company Name Pe Box B2 Benson, NC	910 - 891 - 5410 Telephone 23670
Mechanical Per Description of Work Tackson's Heating & Air Mechanical Contractor's Company Name Pa Ban B2 Benson NC Address Signature of Officer(s) of Corporation	910 - 891 - 5410 Telephone 23670 License #
Mechanical Per Description of Work Jackson's Heating + Air Mechanical Contractor's Company Name Po Box 82 Benson, NC Address Signature of Officer(s) of Corporation Plumbing Perm	910 - 891 - 5410 Telephone 23670 License #
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Mechanical Per Description of Work Jackson's Heating & Air Mechanical Contractor's Company Name Po Box B2 Benson NC Address Signature of Officer(s) of Corporation Plumbing Perm Description of Work New Address Description of Work Mechanical Perm Mechanical Contractor's Company Name Po Box B2 Benson NC Address Mechanical Contractor's Company Name Plumbing Perm Description of Work Mechanical Contractor's Company Name Po Box B2 Benson NC Address Mechanical Perm Mechanical Contractor's Company Name Po Box B2 Benson NC Address Mechanical Perm Mechanical Perm Mechanical Perm Mechanical Contractor's Company Name Po Box B2 Benson NC Address Mechanical Perm Mechanical Contractor's Company Name Po Box B2 Benson NC Address Mechanical Perm Mechanical Contractor's Company Name Po Box B2 Benson NC Address Mechanical Perm Mechanical Perm Mechanical Contractor's Company Name Po Box B2 Benson NC Address Mechanical Perm Mechanical Contractor's Company Name Po Box B2 Benson NC Address Mechanical Contractor's Company Name Po Box B2 Benson NC Address Mechanical Contractor's Company Name Po Box B2 Benson NC Address Mechanical Contractor's Company Name Po Box B2 Benson NC Address Mechanical Contractor's Company Name Po Box B2 Benson NC Address Mechanical Contractor's Company Name Po Box B2 Benson NC Mechanical Contractor's Company Name Po Box B2 Benson NC Mechanical Contractor's Company	910 - 891 - 5410 Telephone 23670 License # Mit Information # Baths 2 /2 910 - 892 - 1662
Mechanical Per Description of Work Jacksons Heating Air Mechanical Contractor's Company Name Po Box B2 Benson NC Address Signature of Officer(s) of Corporation Plumbing Perm Description of Work New Address Plumbing Contractor's Company Name Address Address	910 - 891 - 5410 Telephone 23670 License # Mit Information # Baths 2 / 2 910 - 892 - 1662 Telephone 23160
Description of Work New Jacksons Heating Air Mechanical Contractor's Company Name Po Box 82 Benson NC Address Signature of Officer(s) of Corporation Plumbing Perm Description of Work New Address Signature of Officer(s) of Corporation Plumbing Contractor's Company Name Address Signature of Officer(s) of Corporation	910 - 891 - 5410 Telephone 23670 License # Mit Information # Baths 2 / 2 910 - 892 - 1612 Telephone 23160 License #
Mechanical Per Description of Work Jackson's Heating Air Mechanical Contractor's Company Name Po Box 82 Benson NC Address Signature of Officer(s) of Corporation Plumbing Perm Description of Work New Address Signature of Officer(s) of Corporation Insulation Perm Ins	Plo - 891 - 5410 Telephone 23670 License # Mit Information # Baths 2 / 2 910 - 892 - 1662 Telephone 23160 License #
Mechanical Per Description of Work Jackson's Heating Air Mechanical Contractor's Company Name Po Box 82 Benson NC Address Signature of Officer(s) of Corporation Plumbing Perm Description of Work New Address Signature of Officer(s) of Corporation Insulation Permi	910 - 891 - 5410 Telephone 23670 License # Mit Information # Baths 2 / 2 910 - 892 - 1612 Telephone 23160 License #

Application #	
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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?
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?yesno
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:
Affidavit for Worker's Compensation N.C.G.S. 87-14
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
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
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:
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
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
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.
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

Plan Box Number AA -/

Job Name ASHERIKA

Date: **8-6**-09

Required Inspections for SFA/SFD

Appl. # 0 9500 22460 Valuation 181, 920 Sq. Feet 2800

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 R*Plumb. Under Slab 40 Four Trade Rough In 40 Four Trade Rough In> 2500 40 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 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 One Trade Final > 2500999 **Envir. Operations Permit**