* Each section below to be filled out by			
whomever performing work. Must be owner	Γ		
or licensed contractor. Address, company			
name & phone must match information on			
license			

Application #	2251	7

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

Application for Residential	Building and Trades Permit		
Owner's Name: Silverado Houles &	10. Date: 7/22/09		
Site Address: Lot # 107 AsheroRd	Phone: 910-392-4345		
and a second of	out of Lillister 161		
an NC 24 East, (TR) and a	warks Rd (The into		
3/D an Asherord why			
Subdivision: Asherord	Lot: 107		
Description of Proposed Work: Two Story w	Bayus #Bedrooms: 3		
Heated SE			
General Contrac	tor Information		
Cumberland Homes	910-892-4345		
Building Contractor's Company Name	Telephone		
Po Box 727 Dunn, NC 28335	<u> 59493</u>		
Address Dany Recris	License #		
Simplify of Course of Cour	Must sign & fill out second page		
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permi	it information		
	Size: 200 Amps TPole yes/no		
Wester + Pace	919 - 499 - 5389		
	Telephone		
5A6 Leslie Or. Sanford, NC	12007-L		
Address ~	License #		
Signature of Officer(s) of Corporation			
Signature of Officer(s) of Corporation Mechanical Perm	it Information		
Description of Work Νεω	it (inormation		
Jacksons Heating + Air	910 -001 6410		
Mechanical Contractor's Company Name	910 - 891- 5410 Telephone		
Pa Bax B2 Benson, NC	23670		
Address	License #		
Deed Dockson	LIOUTIGO #		
Signature of Officer(s) of Corporation			
Plumbing Permit	Information		
Description of Work New	# Baths 2 /2		
GOVER CONTRACT PLUMBING	910-892-1612		
Plumbing Contractor's Company Name	Telephone		
P.O. Box The Costs N.C.	23/60		
Address	License #		
Mant thin			
Signature of Officer(s) of Corporation Insulation Permit Information			
	·		
Insulation Contractor's Company Name & Address	NC 910 - 486 - 8855 Telephone		
a a mind and a manage	i gightiotig		

Application	#	
Thhreamon	"	

	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? yes no
	3. 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? yes no
	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
	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.
ti	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover hem.
c	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance overing themselves.
_	Has no more than two (2) employees and no subcontractors.
to	While working on the project for which this permit is sought it is understood that the Central Permitting lepartment issuing the permit may require certificates of coverage of worker's compensation insurance prior issuance of the permit and at any time during the permitted work from any person, firm or corporation arrying out the work.
to	While working on the project for which this permit is sought it is understood that the Central Permitting lepartment issuing the permit may require certificates of coverage of worker's compensation insurance prior issuance of the permit and at any time during the permitted work from any person, firm or compensation

Job Name ASHE FORD

Date: 7-24-09

Required Inspections for SFA/SFD

Appl. # 09500 **9**Valuation **# 181**, 920

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 > 2500
999	Envir. Operations Permit