whomever perfo	pelow to be filled out by rming work. Must be owner
or licensed conf	tractor. Address company
name & phone	must match information on
license	

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

Phone 910-893-7525 Fax 910-893-2793 www.harnett.org
Application for Besidential Building and Trades Permit
Owner's Name: Siverado Manes Sal. Date: 1/22/04
Site Address Lot # 103 Carolina Susan hone: 910-892-4345
Directions to job site from Lillington: 27 West Front Lillington, Ch.
Commille School Rd. (TR) on Porderasa, Rd, (TL) into SID,
1st lot an Left passed Wildwood Jane
Subdivision: Paralida Seasons Lot: 103
Description of Proposed Work: Ne Story w Bonus #Bedrooms: 3
Heated SF 1755 Unheated SF 624 Finished Rec Room? 65 Crawl Space () Slab (4)  General Contractor Information
Cumberland Homes 910-892-A3A5
Building Contractor's Company Name Telephone
Po Box 727 Dunn, NC 28335 59493
Address Dany Asris Must sign & fill out second page  Signature of Owner/Contractor/Officer(s) of Corporation
Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Permit Information
Description of Work New Service Size: 200 Amps TPole: yes no
Wester + Pace 919-499-5389
Electrical Contractor's Company Name Telephone
5A6 Leslie Dr. Sanford, NC 12007-11
Address ~ License #
William Wester
Signature of Officer(s) of Corporation  Mechanical Permit Information
Description of Work Neω
Jacksons Heating + Air 910-891-5410
Mechanical Contractor's Company Name  Telephone
Pa Bax 82 Benson NC 23670
Address License #
Olive Jackson
Signature of Officer(s) of Corporation
Plumbing Permit Information # Baths
Description of Work
Glover Contract Plumbing 910-892-1612 Plumbing Contractor's Company Name Telephone
Po Box 726 Coats, NC 23160  Address License #
Shown Alover
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

Que	Homeowners Applying to Build Their Own Home  ase answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.  stionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)
1. 0	o you own the land on which this building will be constructed? yes no
2. F	ave you hired or intend to hire an individual to superintend and manage construction of the yes no
3. [	o you intend to directly control & supervise construction activities? yes no
done	
	o you intend to personally occupy the building for at least 12 consecutive months following pletion of construction and do you understand that if you do not do so, it creates the umption under law that you fraudulently secured the permit?
and Mec cont num char	eby certify that I have the authority to make necessary application, that the application is correct that the construction will conform to the regulations in the Building, Electrical, Plumbing and hanical codes, and the Harnett County Zoning Ordinance. I state the information on the above ractors is correct as known to me and if any changes occur including listed contractors, site plan, ber of bedrooms, building and trade plans, Environmental Health permit changes or proposed use ages, I certify it is my responsibility to notify the Harnett County Central Permitting Department of and all changes.
Sign	ature of Owner/Contractor/Officer(s) of Corporation  Date
<u>,                                     </u>	Affidavit for Worker's Compensation N.C.G.S. 87-14
<u>,                                     </u>	Affidavit for Worker's Compensation N.C.G.S. 87-14 undersigned applicant being the:
The	Affidavit for Worker's Compensation N.C.G.S. 87-14
The	Affidavit for Worker's Compensation N.C.G.S. 87-14  undersigned applicant being the:  General Contractor  Owner  Officer/Agent of the Contractor or Owner  dereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work orth in the permit:  Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
The Dor set 1	Affidavit for Worker's Compensation N.C.G.S. 87-14  undersigned applicant being the:  General Contractor Owner Officer/Agent of the Contractor or Owner  ereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work orth 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 in.
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The Do r set !	Affidavit for Worker's Compensation N.C.G.S. 87-14  undersigned applicant being the:  General Contractor  Owner  Officer/Agent of the Contractor or Owner  lereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work orth 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  Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance wing themselves.  Has no more than two (2) employees and no subcontractors.  We working on the project for which this permit is sought it is understood that the Central Permitting artment issuing the permit may require certificates of coverage of worker's compensation insurance prior scance of the permit and at any time during the permitted work from any person, firm or corporation ving out the work.
then Volume	Affidavit for Worker's Compensation N.C.G.S. 87-14  undersigned applicant being the:  General Contractor Owner Officer/Agent of the Contractor or Owner  lereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work  orth 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  Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance  with the permit has no more than two (2) employees and no subcontractors.  Has no more than two (2) employees and no subcontractors.  e working on the project for which this permit is sought it is understood that the Central Permitting artment issuing the permit may require certificates of coverage of worker's compensation insurance prior scance of the permit and at any time during the permitted work from any person, firm or corporation

Application #\_\_

SLAB

Plan Box Number AAZ

Job Name Silverado

Date: 7-23-09

Required Inspections for SFA/SFD

Appl. # 09-50022520
Valuation 150474
Sq. Feet 2316

## Sequence

10 10-30 20 20 30-999 30-999 30-999 30-999	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab
10	Four Trade Rough In
40	Four Trade Rough In> 2500
40	11400 17800 Rough Inc. occo
40	· · · · · · · · · · · · · · · · · · ·
40	WO I rade Rough In 2000
40	
50	Une Trade Rough to > 2000
60	11001WILE
50	Four Trade Final
60	Four Trade Final > 2600
60	Intel linds Finel
60	Three Trade Final > 2500
60	1 WO I rade Final
60	Two Trade Final > 2500
60	One Trade Final
999	One Trade Final > 2500
	Envir. Operations Permit