· Tach 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

. . . .

Application #	22530
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Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org

esidential Building and Trades Permit Owner's Name: ¿ #Bedrooms: Description of Proposed Work: Crawl Space ( Slab ( ) Heated SF <u>1368</u> Unheated SF <u>576</u> Finished Rec Room? General Contractor Information 910-892-4345 Cumberland Homes Telephone **Building Contractor's Company Name** Po Box 727 Dunn, NC 28335 Address Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation **Electrical Permit Information** \_Amps TPole yes/no Service Size: 200 Description of Work \_\_New 919-499-5389 Wester + Pace Telephone Electrical Contractor's Company Name 12007-W 5A6 Leslie Dr. Sanford License # Address -William Wester Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work 910-891-5410 Jacksons Heating & Air Telephone Mechanical Contractor's Company Name 23670 Pa Bax 82 Benson, NC License # Address Signature of Officer(s) of Corporation Plumbing Permit Information New Description of Work Addres Signature of Officer(s) of Corporation Insulation Permit Information TRI-City Insulution 418 Person St. Insulation Contractor's Company Name & Address

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 Exempti  Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon req	ion. (uest)	
Do you own the land on which this building will be constructed?		
Have you hired or intend to hire an individual to superintend and manage construction of the project? yesnerm. yesnerm. yesnerm.	0	
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 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		
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 vest forth in the permit:	work	
Has three (3) or more employees and has obtained workers' compensation insurance to cover the	m.	
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.	er	
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurar covering themselves.	1C <del>O</del>	
Has ло more than two (2) employees and по subcontractors.		

9/07

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.

Veo B

Plan Box Number\_ NA |

Job Name MixeBal

Date: 7-24-09

Required Inspections for SFA/SFD

Appl. # 09-58802530 Valuation 194496 Sq. Feet 222

1936

Sequence

60

60

60

999

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 11) " :e 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 50 Four Trade Final > 2500 60 Three Trade Final 60 Three Trade Final > 2500 60 Two Trade Final Two Trade Final > 2500 One Trade Final One Trade Final > 2500 Envir. Operations Permit