Fach section below to be filled out by		
whomever be	irlorming work. Must be owner	
or licensed c	ontractor. Address, company	
name & phor	e must match information on	
license		

Application # 2204

Z

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 Tr	ades Permit
Owner's Name: Fromment Builders	Date: 8/1/09
Site Address: Not # 73 Carolina Sesson Phone:	910-892-4345
Directions to job site from Lillington: 27 West Front Lillington	(, TR) ON
Johnsonville School Id, TD on Porderasa Re	1, (12) iste 5/D,
TR) and Green Links Dr.	
Subdivision: Lardina Seasons	_Lot:
Description of Proposed Work: Two Story w/ Boxus	_#Bedrooms:
Heated SF2. 466 Unheated SF 624 Finished Rec Room? Ye General Contractor Information	Crawl Space () Slab ()
	892 <i>-4345</i>
Building Contractor's Company Name Telephone	
Po Box 727 Dunn, NC 28335	<u> 59493</u>
Address Dany Results Must sign & fill of	License #
Signature of Owner/Contractor/Officer(s) of Corporation	it second page
Electrical Permit Information	August Thata Mag
Description of Work New Service Size: 200	
Wester + Pace 919 - 2 Electrical Contractor's Company Name Telephone	99-5389
5A6 Leslie Or. Sanford, NC	12007-L
Address ~	License #
William Wester	
Signature of Officer(s) of Corporation Mechanical Permit Information	
Jacksons Heating + Air 91	0 - 891- 5410
Mechanical Contractor's Company Name Telepho	
Pa Bax 82 Benson NC	23670
Address	License #
Oked Jockson	
Signature of Officer(s) of Corporation Plumbing Permit Information	
A	# Baths 2 1/2
Description of Wark	10-892-1612
Plumbing Contractor's Company Name Telepho	
Po Box 726 Coats, NC	23160
Address	License #
Shown Slover	
Signature of Officer(s) of Corporation Insulation Permit Information	
	910-486-8855
Tri-City Insulation 418 Person St. Fay, NC Insulation Contractor's Company Name & Address	Telephone
manifest frameses a semilent in the semilent i	•

	226	II
Application #	000	

(วเบอ	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	. D	o you own the land on which this building will be constructed? yes no			
2	. H	ave you hired or intend to hire an individual to superintend and manage construction of theyes no			
3)), [o you intend to directly control & supervise construction activities? yes no			
4	. C	o you intend to schedule, contract, or directly pay for all phases of construction work to be yes no			
5	j. C	Do 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 sumption under law that you fraudulently secured the permit?			
"					
a N o n	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.				
	d	D-3-1-101			
5	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:				
	ı	General ContractorOwnerOfficer/Agent of the Contractor or Owner			
[et f	nereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work orth in the permit:			
_		\leq Has three (3) or more employees and has obtained workers' compensation insurance to cover them.			
Ī	hen	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover nem.			
-	OVE	$\frac{1}{2}$ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance tring themselves.			
-		_ Has no more than two (2) employees and no subcontractors.			
t	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 proto issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.				
	Com	mpany or Name: Cumberland Homes w/Title: Dy his lowner Date: 8/7/69			

SLAB

Plan Box Number AP - 2

Job Name CAROLINA SEASONS

Date: 8-12-09

Required Inspections for SFA/SFD

Appl. # 09 50 0 226 4 1 Valuation # 198 683 Sq. Feet 3058

Sequence

10	D* D14- Faction
	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