

\* 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.

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: ADS Homes, LLC Date: 8/28/09  
Site Address: Lot #43 Zipline Branch Phone: 910-892-4345

Directions to job site from Lillington: Take 27 W Road Lillington, (TR) into S/O, (TR) on Lakeside Drive, Lot on left

Subdivision: Zipline Branch Lot: 43  
Description of Proposed Work: Two Story Residential #Bedrooms: 3

Heated SF 1,552 Unheated SF 440 Finished Rec Room? No Crawl Space ( ) Slab ()

Called  
0-28-09

**General Contractor Information**

Cumberland Homes Telephone 910-892-4345  
Building Contractor's Company Name  
PO Box 727 Dunn, NC 28335 License # 59493  
Address  
Danny Harris 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 Telephone 919-499-5389  
Electrical Contractor's Company Name  
546 Leslie Dr. Sanford, NC License # 12007-U  
Address  
William Weston  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work New  
Jacksons Heating + Air Telephone 910-891-5410  
Mechanical Contractor's Company Name  
PO Box 82 Benson, NC License # 23670  
Address  
David Jackson  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New # Baths  
Glover Contract Plumbing Telephone 910-892-1612  
Plumbing Contractor's Company Name  
P.O. Box 726 Coats NC License # 23160  
Address  
Shawn Glover  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

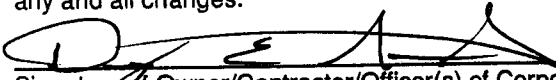
Tri-City Insulation 418 Person St. Fuy, NC Telephone 910-486-8855  
Insulation Contractor's Company Name & Address

**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)

- 1. 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?     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

8/28/09  
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.

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.

Company or Name: Cumberland Homes

Sign w/Title: By his owner

Date: 8/28/09

GARAGE

SLAB

Plan Box Number AA-1

Job Name CUMBERLAND HOMES

Date: 8-31-09

Required Inspections for SFA/SFD

Appl. # 0950022740  
Valuation \$135,142  
Sq. Feet 2080

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999		Open Floor
30-999	<input checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999	<input checked="" type="checkbox"/>	R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit