* Each section i	prining work. Must be owner
Mudiliavai barr	MILLIAND MOUSE CONTRACTOR
or licensed con	iractor. Address, company
name & phone	must match information on
license.	

	23/04
Application #	70

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: Intruction	Date: <u>10/21/09</u>
Site Address: Anolina Seasons Phor	ne: <u>910-892-4345</u>
Directions to job site from Lillington: 27 West Front Lillington	EN ER ON
Johnsonville School Rd, JD nd Parderasa	ld, (72) isto 5/1),
Let will be warked on light	
Subdivision: Lardina Seasons	Lot:
Description of Proposed Work: Lanch w Invas	#Bedrooms: 3
Heated SF 1691 W Unheated SF 576 Finished Rec Room? Deneral Contractor Information	Crawl Space () Slab (4)
	-892 - <i>A3A5</i>
Building Contractor's Company Name Telephone	
Po Box 727 Dunn, NC 28335	<u> 59493</u>
Address Dany Results Must sign & fill	License #
Must sign & fill	out second page
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit Information	1
Description of Work New Service Size: 200	Amps TPole. yes/no
Wester + Pace 919.	499-5389
Electrical Contractor's Company Name Telephone	10 mm
5A6 Leslie Dr. Sanford, NC	12007-L
Address -	License #
William Wester	
Signature of Officer(s) of Corporation Mechanical Permit Informatio	<u>n</u>
Description of Work Νεω	
	710-891-5410
Mechanical Contractor's Company Name Telep	phone
Pa Bar 82 Benson NC	23670
Address Duckson	License #
Signature of Officer(s) of Corporation	
Plumbing Permit Information	· 1
Description of Work New	# Baths
	910-892-1612
Plumbing Contractor's Company Name Telep	
Po Box 726 Coats, NC	
Address Shown More	License #
Signature of Officer(s) of Corporation	
Insulation Permit Information	
Tri-City Insulation 418 Person St. Fay, NC	914-486-8855
Insulation Contractor's Company Name & Address	Telephone

	Application #
Ple Que	Homeowners Applying to Build Their Own Home asse 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. 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
4. E	Do you intend to schedule, contract, or directly pay for all phases of construction work to beyes no
	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?
and Mec cont num char any	reby 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 that the construction will conform to the regulations in the Building, Electrical, Plumbing and than ical codes, and the Harnett County Zoning Ordinance. I state the information on the above tractors 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 nges, I certify it is my responsibility to notify the Harnett County Central Permitting Department of and all changes.
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
Do l	nereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work forth in the permit:
<u></u>	Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
then	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover n.
COVE	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance ering themselves.
	Has no more than two (2) employees and no subcontractors.
Dep to is	le 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 suance of the permit and at any time during the permitted work from any person, firm or corporation ying out the work.

Cumberland

Plan Box Number A - 1

Job Name CAROLINA SEASONS

Date: 10-21-09

Required Inspections for SFA/SFD

Sequence

R* Elec. Under Slab R*Plumb. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Rough In Four Trade Final Two Trade Final Trade Final Three Trade Final Two Trade Final
