

Application # 09 -500-23278

* 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 Residen	tial Building and Trades Permit
Owner's Name: Lassic Houle Cress	hows 11C. Date: 11/11/09
Site Address: Lat # 194 Asheros	Rd Phone: 910-392-4345
Directions to job site from Lillington: 27 Was	+ aut of Lillington / (TL)
	marks Rd . (FD into
5/D an Asherord why	Lot on Lett
Subdivision: Asherard	Lot: 104
Description of Proposed Work: Two Story	w/ Rec #Bedrooms: 3
Heated SE 1354 Unheated SF 480 & Finishe	
Cumberland Homes	910 - 892 - 4345
Building Contractor's Company Name	Telephone
PO BOX 727 Dunn, NC 28335	
Address ()	License #
Address Dany Records Signature of Owner/Contractor/Officer(s) of Corporat	Must sign & fill out second page
	ermit information
	vice Size: 200 Amps TPole yes no
Wester + Pace	919 - 499 - 5389
Electrical Contractor's Company Name	Telephone
5A6 Leslie Dr. Sanford, NC	12007-L
Address -	License #
William Wester	
Signature of Officer(s) of Corporation Mechanical P	ermit 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 #
_ that Jockson	
Signature of Officer(s) of Corporation	
1.	rmit information
// A / A	# Baths
Plumbing Contract Plumbing Plumbing Contractor's Company Name	<u> 910-392-1612</u>
Tiding Contractor's Company Name	Telephone 1771
Address V.	23/60
Shand	License #
Signature of Officer(s) of Corporation	
Insulation Pern	nit Information
	Fay, NC 910-486-8855
nsulation Contractor's Company Name & Address	Telephone

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		
Do you own the land on which this building will be constructed?		
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?		
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?		
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.		
1/11/09		
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 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.		
Lies we were then true (O) and leave to the control of the control		
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 issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.		
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: Cum berland Homes Sign w/Title: Date: 1/1/169		

Plan Box Number AA - 2

Job Name ASHETERD

Date: 1/-17-09

Required Inspections for SFA/SFD

Appl. # 950023278
Valuation # 178,022
Sq. Feet 2740

Sequence

,	
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
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
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