

\* 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.

11/17/09 SOANNED DATE

Application # 09-500-23279

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: Cumberland Homes, Inc. Date: \_\_\_\_\_

Site Address: Lot # 144 Ashford Phone: 910-892-4345

Directions to job site from Lillington: 27 West out of Lillington (FL) at NC 24 East, (TR) on Marks Rd, (FL) into S/D on Ashford way, (TR) on Jackson Dr, Lot on left

Subdivision: Ashford Lot: 144

Description of Proposed Work: Two Story w/ Rec #Bedrooms: 3

Heated SF 2243 Unheated SF 576 Finished Rec Room? 436 Crawl Space ( ) Slab (  )

**General Contractor Information**

Cumberland Homes 910-892-4345

Building Contractor's Company Name Telephone

PO Box 727 Dunn, NC 28335 59493

Address License #

Darryl 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  no

Wester + Pace 919-499-5389

Electrical Contractor's Company Name Telephone

546 Leslie Dr. Sanford, NC 12007-4

Address License #

William Weston

Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work New

Jacksons Heating + Air 910-891-5410

Mechanical Contractor's Company Name Telephone

PO Box 82 Benson, NC 23670

Address License #

David Jackson

Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work New # Baths 2 1/2

Glover Contract Plumbing 910-892-1612

Plumbing Contractor's Company Name Telephone

P.O. Box 766 Castles N.C. 23160

Address License #

Shawn

Signature of Officer(s) of Corporation

**Insulation Permit Information**

Tri-City Insulation 418 Person St. Fay, NC 910-486-8855

Insulation Contractor's Company Name & Address Telephone

OCT 17 END

**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

11/11/09  
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: Dy his owner

Date: 11/11/09

· SLAB  
· GARAGE

Plan Box Number AA-2

Job Name ASHEFORD

Date: 11-17-09

Required Inspections for SFA/SFD

Appl. # 09500 23279  
Valuation \$183,154  
Sq. Feet 2819

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		Four Trade Rough In
40	<input checked="" type="checkbox"/>	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		Four Trade Final
60	<input checked="" type="checkbox"/>	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