* 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.

| | SCA | MNE | ED |
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| ·u | 17 | 00 | |
| | | MITE | |

Application #_09-5-00-7378.0

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

| Phone 910-893-7525 Fax 9 | 10-893-2793 www.harnett.org |
|---|----------------------------------|
| Application for Residential | Building and Trades Permit |
| Owner's Name: Lumberland Sloves | <i>Inc.</i> Date: <u>/////09</u> |
| Site Address: Lat #145 Asher-una | Phone: 910-392-4345 |
| Directions to job site from Lillington: 27 West | aut of Lillistan 1 (TL) |
| an NC 24 East, FR as | marks Rd (TD into |
| 5/D an Asherord why TR | Northwest Dr. Lot and |
| Subdivision: Asherord | Lot: 145 |
| Description of Proposed Work: Ranch w/ | Rec. #Bedrooms: 3 |
| Heated SE 177 Unheated SF 5764 Finished I | |
| General Contra | ctor information |
| Cumberland Itomes | 910-892-4345 |
| Building Contractor's Company Name | Telephone |
| Po Box 727 Dunn, NC 28335 | <u> 59493</u> |
| Address 2 | License # |
| Signature of Owner/Contractor/Officer(s) of Corporation | Must sign & fill out second page |
| Electrical Pern | |
| | e Size: 200 Amps TPole yes/no |
| Wester + Pace | 919 - 499 - 5389 |
| Electrical Contractor's Company Name | Telephone |
| 5A6 Leslie Dr. Santord, NC | 12007-L |
| Address ~ | License # |
| William Wester | |
| Signature of Officer(s) of Corporation Mechanical Peri | nit Information |
| | nit intormation |
| • | 910 - 001 - 640 |
| Jacksons Heating + Air Mechanical Contractor's Company Name | 910 - 891 - 5410 Telephone |
| Pa Bax 82 Benson NC | 23670 |
| Address Person No. | License # |
| Dail Jackson | License # |
| Signature of Officer(s) of Corporation | |
| <u>Plumbing Permi</u> | t Information |
| Description of Work New | # Baths 2 /2 |
| Florer Contract Phunking | 910-392-1612 |
| Plumbing Contractor's Company Name | Telephone |
| K.U. Dox Tolo Carts N.C | |
| Address | License # |
| Main this area of Control of Control | |
| ignature of Officer(s) of Corporation Insulation Permit | Information |

Tri-City Insulation 418 Person St. Fay, NC Insulation Contractor's Company Name & Address

910 - 486 - 8855 Telephone

| Application | # | |
|-------------|---|--|

| 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. | | | | | |
|--|---|--|--|--|--|
| 2. Have you hired or intend to hire an individual to superintend and manage construction of the project? | Places answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exchiption | | | | |
| 3. Do you intend to directly control & supervise construction activities?yesno 4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? | Do you own the land on which this building will be constructed? 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? 1. 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. 6. Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: 6. General Contractor 7. Owner 7. Officer/Agent of the Contractor or Owner 8. De hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit: 6. Has one (1) or more employees and has obtained workers' compensation insurance to cover them. 6. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves. 7. 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. | | | | | |
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| 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? | 4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? yes no | | | | |
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| 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. | Has no more than two (2) employees and no subcontractors. | | | | |
| Company or Name: Cumberland Homes | 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. | | | | |
| | Cumberland Homes | | | | |
| Sign w/Title: | Company or Name: | | | | |
| | Sign w/Title: Dy his lowner | | | | |

Plan Box Number AA - 2

Job Name ASHEFORD

Date: 1/-17-09

Required Inspections for SFA/SFD

Appl. # 0950023280Valuation 4178,736Sq. Feet 275

Sequence

| 1 | |
|--------|----------------------------|
| 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 |
| | - T Arriva |