Application # 04. 50023320

\* Fach 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:		
Site Address: Lat # 100 Carolina Seasons Phone: 910-892-4345		
Directions to job site from Lillington: 27 West From Lillington, ED ON		
Copyright Support Ed (TR) and Porderosa Rd. (TL) into S/D.		
Stay straight thru existing 3/0 dot an deft in New phase		
Subdivision: /arclina Seasons Lot: 100		
Description of Proposed Work: Ranch #Bedrooms: 4		
Heated SF /6/8 Unheated SF /20 Finished Rec Room? Crawl Space () Slab () General Contractor Information		
Cumberland Homes 910-892-4345		
Building Contractor's Company Name Telephone		
Po Box 727 punn, NC 28335 59493	J _ M	
Address C License #	$(\gamma)$	
Building Contractor's Company Name  Po Box 727 Dunn, NC 28335  Address  Address  Address  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  Nester + Page  919 - 499 - 5389	$V^{\infty}$	
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Permit Information	<i>,</i> ~	
Description of Work New Service Size: 200 Amps TPole yes no		
Wester + Pace 919-499-5389		
Electrical Contractor's Company Name Telephone		
5A6 Leslie Or. Sanford, NC 12007-11		
Address License #		
William Wester		
Signature of Officer(s) of Corporation  Mechanical Permit Information		
Description of Work		
Jacksons Heating + Air 910-891-5410		
Mechanical Contractor's Company Name Telephone		
Pa Bax 82 Benson NC 23670		
Address License #		
Signature of Officer(s) of Corporation		
Plumbing Permit Information		
Description of Work# Baths		
Glover Contract Plumbing 910-892-1612		
Plumbing Contractor's Company Name Telephone		
PO Bux 726 Coats, NC 23160		
Address License #		
Than Alver		
Signature of Officer(s) of Corporation  Insulation Permit Information		
Tri-City Insulation 418 Person St. Fay, NC 910-486-8855  nsulation Contractor's Company Name & Address Telephone		
reliquid Contractor a Contracty realing a Address		

Application #		
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		
<ol> <li>Have you hired or intend to hire an individual to superintend and manage construction of the yes no</li> </ol>		
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 beyesno		
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		
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  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: Day his fowner Date: 11/19/09		
Sign w/Title: Date: 11/19/09		

## Plan Box Number A A - 2

Job Name CumberLand

Date: 11 - 24-09

## Required Inspections for SFA/SFD

Appl. # <u>09500 23</u>320 Valuation <u>\$145,991</u> Sq. Feet <u>2247</u>

## 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 <sup>*</sup> 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
	-