Application # <u>CQ.5002332</u>/

* 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

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Ow	ner's Name: Lumbe	rland o	Harles, 1	nc.	Date: _			
	Address: #/	11 Cara	lina Se	450/15 Pho	ne: <u>910 -</u>	892-4345		
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	odivision: <u>/arcliva</u>		1 1/ 1	en fore	#Bedro	noms: 3		
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Hea	ated SF7,694 Unnea	<u>ماري (</u> ted SF Ge	neral Contra	ctor Informati	on .	Ciam opuso () si		
	umberland Hon				-892 -	A3A5		
	ding Contractor's Compa			Telephone				
	S BOX 727 Pui		28335			<u> 59493 </u>		
	ress ()		,			License #		
,) _	Harry hour	24		Must sign & fil	l out second	page		
Sign	nature of Owner/Contract	tor/Officer(s) (Fi	of Corporation	n mit informatio	n			
	cription of Work Nev	N .	Servic	e Size: 200	Amps	TPole. yes/no		
	Wester + Pace			919	499-4	5389		
Elec	trical Contractor's Comp			Telephone				
	5A6 Leslie Dr.	Santord	, NC			12007-LL		
Add	ress ~			•		License #		
• (William Wester	~						
Sigr	ature of Officer(s) of Cor	poration						
			<u>chanicai Per</u>	mit Information	<u>n</u>			
Des	cription of Work	<u>Sew</u>						
	tacksons Heating	4 Air			710 - 89	1-5410		
Med	hanical Contractor's Con	npany Name		Telep	phone	221 110		
	Pa Box 82 Ber	nson, NC				23670		
Add	Our Jackson	~		•		License #		
Sign	Signature of Officer(s) of Corporation Plumbing Permit Information							
	AN		imping Pern	nit information		7		
	pripalori di vvork	<u>ew</u>			# Baths_			
	Glover Contract P				910-89,	2-1612		
	bing Contractor's Compa	-		Telep		211 -		
	Bux 726 Coats	410			٠.	3160		
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<u>P</u> Addr	ess	, NC	· · · · · · · · · · · · · · · · · · ·			License #		
Addr	Shan Dhe	L						
Addr	ess	poration	ulation Perm	it Information				
Addr	Shan Dhe	poration <u>Inst</u>		it Information	,			

pplication #

Homeowners Applying to Build Their Own Home Pisase answer the following questions then see a Permit Technical to determine it 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? 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? 3. Do you intend to schedule, contract, or directly pay for all phases of construction work to be yes no	Homeowners Applying to Build Their Owners Owners Exemption.					
1. 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?	Please answer the following questions then see a Permit recumulant to Provide the following questions as to Issue of Building Permits (Memo available upon request)					
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?	Do you own the land on which this building will be constructed?					
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?	2. Have you hired or intend to hire an individual to superintend and manage construction of the yes no or opening the project?					
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	3. Do you intend to directly control & supervise construction activities? 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?	4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be yes no					
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) who has their own policy of workers' compensation insurance covering themselves. While working on the project for which this permit is sought it is understood that the Central Permitting Department or corporation carrying out the work.	5. Do you intend to personally occupy the building for at least 12 consecutive months following					
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.	Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above 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.					
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.	Signature of Owner/Contractor/Officer(s) of Corporation Date					
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.	Affidavit for Worker's Compensation N.C.G.S. 87-14					
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Company or Name: Cumberland Homes Sign w/Title: Description Sign w/Title: Description Date: 11/19/09	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.					
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Plan Box Number AA-2

Job Name CUMBERLAND HOME

Date: 11-24-09

Required Inspections for SFA/SFD

Appl. # 69502332 | Valuation # 142,612 | Sq. Feet 2195

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