\* 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.

Application # 09.50023389

mitting id6
www.harnett.org
und Trades Permit

Date: 48/69 10.9.09

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Resident	1.2 /2. / 2/9 11
Owner's Name: DiD Hours Late	Date: 2/8/09 / 1
Site Address: Lot # 106 Ashe Fur	Phone: 910-892-4345
Directions to job site from Lillington:	+ out of Lillington I GL
at NC 24 East, (TR) at	ylarks Rd, (Il) into
3/D as Asherord way, a	Lot on Right.
Subdivision: Asherard	Lot: <u>/06</u>
Description of Proposed Work:	Whee #Bedrooms: 3
Heated SF / 912 Unheated SF 480 Finished	ed Rec Room? 360 & Crawl Space () Slab (
General Con	tractor information
Cumberland Homes	910 - 892 - 4345 Telephone
Building Contractor's Company Name	-0.4-0
Po Box 727 Dunn, NC 28335	License #
Address Pany Asias Signature of Owner/Contractor/Officer(s) of Corporal	Must sign & fill out second page
Cidilatale of Civilor Contractor Circon (2) or Carbara.	tion
Electrical P	ermit Information vice Size: <u>200</u> Amps TPole yestno
Description of Work New Ser Wester + Pace	919 - 499 - 5389
Electrical Contractor's Company Name	Telephone
5A6 Leslie Dr. Sanford, NC	12007-L
Address ~	License #
Signature of Officer(s) of Corporation	
Signature of Officer(s) of Corporation	Permit Information
<u> </u>	
Description of Work New	910-891-5410
Tacksons Heating + Air Mechanical Contractor's Company Name	Telephone
Pa Bax 82 Benson NC	23670
Address	License #
Deed Jochson	
Signature of Officer(s) of Corporation	
A	rmit Information # Baths 2
/ / / / / / / / / / /	# Baths & &
HOVER CONTRACT Plunbing	<u> 910-392-/6/2</u>
Plumbing Contractor's Company Name	Telephone 12/6/7
Address /	License #
Shaw Dan	License #
Signature of Officer(s) of Corporation	
	mit information
Tri-City Insulation 418 Person St.	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) 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? 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 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 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: <u>Cumberland</u> Ho Sign w/Title: <u>Dy Ris</u> Jouner

Asheford SLAB

Plan Box Number AA2

Job Name Cumber and Hong

Date: 12-9-09

Required Inspections for SFA/SFD

Appl. # <u>09-58623389</u> Valuation <u>156061</u> Sq. Feet <u>2402</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* 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	
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
<del></del>	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit