

\* 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 # 09-50023392

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: LDS Homes, LLC Date: 12/7/09

Site Address: Lot # 7 Carolina Seasons Phone: 910-892-4345

Directions to job site from Lillington: 27 West Front Lillington, (R) on Johnsonville School Rd, (R) on Ponderosa Rd, (L) into S/D, (R) on Green Links Dr, (L) on Spring Flowers Dr, Lot on Right

Subdivision: Carolina Seasons Lot: 7

Description of Proposed Work: Ranch w/ Rec Room #Bedrooms: 3

Heated SF 1,553 Unheated SF 598 Finished Rec Room? 325 Crawl Space ( ) Slab (X)

**General Contractor Information**

Cumberland Homes Telephone 910-892-4345

Building Contractor's Company Name Telephone

PO Box 727 Dunn, NC 28335 License # 59493

Address Danny Harris License #

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

Wester + Pace Telephone 919-499-5389

Electrical Contractor's Company Name Telephone

546 Leslie Dr. Sanford, NC License # 12007-K

Address License #

Signature of Officer(s) of Corporation William Wester

**Mechanical Permit Information**

Description of Work New

Jacksons Heating + Air Telephone 910-891-5410

Mechanical Contractor's Company Name Telephone

PO Box 82 Benson, NC License # 23670

Address License #

Signature of Officer(s) of Corporation David Jackson

**Plumbing Permit Information**

Description of Work New # Baths 2

Glover Contract Plumbing Telephone 910-892-1612

Plumbing Contractor's Company Name Telephone

PO Box 726 Coats, NC License # 23160

Address License #

Signature of Officer(s) of Corporation Shawn Glover

**Insulation Permit Information**

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

Insulation Contractor's Company Name & Address Telephone

*24444  
12.9.09*

**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]  
Signature of Owner/Contractor/Officer(s) of Corporation

12/7/09  
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: 12/7/09

# SLAB

Plan Box Number AA 2

Job Name Cumberland Home

Date: 12-9-09

## Required Inspections for SFA/SFD

Appl. # 09-500 23392

Valuation 204725

Sq. Feet 3151

### Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20		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		Envir. Operations Permit