

23834

Application # _____

* 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.

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: Ted Brown Const, Inc. Date: 2/19/2010

Site Address: lot # 58 Pine Branch Phone: 910-892-4345

Directions to job site from Lillington: Take 27 W from Lillington, (TR) into S/O, (TR) on Lakeridge Drive, lot on Right

Subdivision: Pine Branch Lot: 58

Description of Proposed Work: Two Story w/ Bonus #Bedrooms: 3

Heated SF 4740 Unheated SF 480 Finished Rec Room? Yes Crawl Space () Slab

General Contractor Information

Cumberland Homes Telephone 910-892-4345

Building Contractor's Company Name Address PO Box 727 Dunn, NC 28335 License # 59493

Signature of Owner/Contractor/Officer(s) of Corporation Danny Harris Must sign & fill out second page

Electrical Permit Information

Description of Work New Service Size: 200 Amps TPole no

Wester + Pace Telephone 919-499-5389

Electrical Contractor's Company Name Address 546 Leslie Dr. Sanford, NC License # 12007-U

Signature of Officer(s) of Corporation William Wester

Mechanical Permit Information

Description of Work New Telephone 910-891-5410

Mechanical Contractor's Company Name Address PO Box 82 Benson, NC License # 23670

Signature of Officer(s) of Corporation David Jackson

Plumbing Permit Information

Description of Work New # Baths 2 1/2

Glover Contract Plumbing Telephone 910-892-1612

Plumbing Contractor's Company Name Address P.O. Box 726 Coats NC License # 23160

Signature of Officer(s) of Corporation Shawn Glover

Insulation Permit Information


Insulation Contractor's Company Name & Address Telephone Tri-City Insulation 418 Person St. Fay, NC 910-486-8855

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 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: By his owner Date: _____

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Plan Box Number AA1

Job Name Mire Branch
Ted Brown

Date: 2-22-10

Required Inspections for SFA/SFD

Appl. # 16-50023834

Valuation 149,434

Sq. Feet 2300

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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	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