* 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.

Application #_

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
010 993-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permi	1 / /.
Date: X	179/2010
Owner's Name: /ed //own / Owner's Name: /ed ///own	992-4345
	11: what
Directions to job site from Lillington: Take 27 W Front dir	
TR) into 5/D, (TR) on Lakeridge Drive	1 000
Right	11
Subdivision: Mine Branch Lot:	7
Description of Proposed Work:	
University of 1620 Unheated SF 46 / Finished Rec Room? NO	rawl Space () Slab (
General Contractor Information	71.0
Cumberland Homes 910-892-A	2M2
Building Contractor's Company Name Telephone	59 d 9 Z
Po Box 727 Dunn, NC 28335	59493 License #
Address Dany Zustria Must sign & fill out second pa	
Signature of Owner/Contractor/Officer(s) of Corporation	
Electrical Permit information	Pole. vestno
Description of 110th	
11000	<u> </u>
	12007-U
	License #
Address - William Wester	
Signature of Officer(s) of Corporation	
Mechanical Permit Information	
Description of Work New Out Out	-414
Jacksons Heating + Air	- 5410
Mechanical Contractor's Company Name Telephone	02: 50
Pa Ban 82 Benson NC	23670
Address	License #
Der Jackson	
Signature of Officer(s) of Corporation Plumbing Permit Information	/
Description of Work New #Baths_	2/2
Description of Work	1/2/2
Plumbing Contractor's Company Name Telephone	700
Fidinishing Confidence of Company Hamilton	3/6/
P.O. Box 726 Costs NC	License #
Address	
Signature of Officer(s) of Corporation	
Insulation Permit Information	
	<u>-486 - 8855</u>
Insulation Contractor's Company Name & Address	elephone

	23834
	$\alpha \circ \circ \circ \circ \circ$
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)		
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 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. 2/19/2010		
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.		
the state of the s		
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.		
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.		
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.		
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		

Plan Box Number AAZ

Job Name <u>Ted Brow</u>
Date: <u>2-22-10</u>

Required Inspections for SFA/SFD

Sq. Feet ZO9

Sequence

10		
R* Building Foundation	10	R* Bldg. Footing
Address Confirmation	10-30	R* Elec. Temp Service Pole
20 Address Confirmation 30-999 Open Floor 30-999 R* Bldg. Slab Insp. 30-999 R*Plumb. Under Slab 40 Four Trade Rough In 40 Three Trade Rough In 40 Three Trade Rough In 40 Two Trade Rough In 40 One Trade Rough In 40 One Trade Rough In 50 One Trade Rough In 60 Four Trade Final 60 Four Trade Final 60 Three Trade Final 60 Two Trade Final 60 Two Trade Final 70 Trade Final	20	R* Building Foundation
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