* 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 #	23948
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Harnett County Central Permitting PO Box 65 Lillington, NC 27546 te 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit				
Owner's Name: / uniberland Houses INC	Date: <u>4/1/10</u>			
Site Address: Lot # 52 Carolina Sousan	<u>/s_Phone: 910 - 892 - 4345</u>			
Directions to job site from Lillington: 27 West From	Lillington, FR ON			
	sa Rd, (T) into S/D,			
(R) and Green Links Dr. (T2) and Sor	ing Flower Dr. Lot and Let			
Subdivision: Parolina Seasons	Lot: 52			
Description of Proposed Work: Two Story w/	Rec_#Bedrooms:4			
Heated St. 1964 Unheated SF 452 Finished Rec Ro General Contractor In	om? <u>525</u> Crawl Space () Slab (*)			
Cumberland Homes	910 - 892 - 4345			
	phone			
Po Box 727 Dunn NC 28335	59493			
Address Dany Resures Must	License #			
Hany hours Must	sign & fill out second page			
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit Info	ormation			
Description of Work New Service Size:	200 Amps TPole yes no			
Wester + Pace	919 - 499 - 5389			
	phone			
546 Leslie Or. Sanford, NC	12007-U			
Address ~	License #			
Signature of Officer(s) of Corporation	·			
Signature of Officer(s) of Corporation <u>Mechanical Permit Inf</u>	ormation			
Description of Work Νεω				
Jacksons Heating + Air	910-891-5410			
Mechanical Contractor's Company Name	Telephone			
Pa Bar 82 Benson NC				
Address Owchen	License #			
Signature of Officer(s) of Corporation				
<u>Plumbing Permit info</u>	rmation			
Description of Work New	# Baths 2 = 2-1/2 Baths			
Glover Contract Plumbing	910-892-1612			
Plumbing Contractor's Company Name	Telephone			
Po Box 726 Coats, NC				
Address Shown Morer	License #			
Signature of Officer(s) of Corporation				
Signature of Officer(s) of Corporation <u>Insulation Permit Information</u>				
Tri-City Insulation 418 Person St. Fay, Nonsulation Contractor's Company Name & Address	Telephone			

\sim	<i>3</i> 948
Application #	<u> </u>

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? yes no				
Do you intend to directly control & supervise construction activities? yes no				
Do you intend to schedule, contract, or directly pay for all phases of construction work to beyes 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.				
De 1 1/1/10				
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 o issuance of the permit and at any time during the permitted work from any person, firm or corporation sarrying out the work.				
Sign w/Title: Dy his /owner				
sign w/Title: Downer Date: 4/1/10				

Plan Box	Number	A	A2

Job Name Caroline Seasons

Date: 4-1-10

Required Inspections for SFA/SFD

Appl. # 10 5002**3** 948 Valuation 221228 Sq. Feet 3405

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