

24145

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: 4/5/10
Site Address: Lot # ~~2~~ 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 left

Subdivision: Pine Branch Lot: 48
Description of Proposed Work: Ranch w/ Rec #Bedrooms: 3

Heated SF 1,694 Unheated SF 506 Finished Rec Room? 230 Crawl Space () Slab

General Contractor Information

Cumberland Homes Telephone 910-892-4345
Building Contractor's Company Name
PO Box 727 Dunn, NC 28335 License # 59493
Address

Darryl Harris 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
546 Leslie Dr. Sanford, NC License # 12007-U
Address

William Wester
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New Telephone 910-891-5410
Jacksons Heating + Air

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

Daryl Jackson
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New # Baths 2 Telephone 910-892-1612
Glover Contract Plumbing

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

Shawn Glover
Signature of Officer(s) of Corporation

Insulation Permit Information

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

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

4/5/10
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: 4/5/10

SLAB

Plan Box Number AA 1

Job Name Mire Beach

Date: 4-8-10

Required Inspections for SFA/SFD

Appl. # 10-50024145
Valuation 142612
Sq. Feet 2195

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	<input checked="" type="checkbox"/>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		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

Application # 0210500

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Harnett County Central Permitting
PO Box 86 Lillington, NC 27548
910-893-7625 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: _____ Date: _____

Site Address: _____ Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: _____ # of Bedrooms: _____

Heated SF: _____ Unheated SF: _____ Finished Bonus Room? _____ Crawl Space: _____ Slab: _____

General Contractor Information

Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No

Electrical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Mechanical/HVAC Contractor Information

Description of Work Cool Springs Heating & Air Conditioning Telephone 919-258-0415

Mechanical Contractor's Company Name _____
Address 2200 Cool Springs Rd. Broadway NC 27505 Email Address Phil.Bryant@live.com

Signature of Owner/Contractor/Officer(s) of Corporation Phil Bryant License # 11542

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

***NOTE: General Contractor must fill out and sign the second page of this application.**

*Change Contractor
9-20-10*

09/16/10

Harnett County Central Permitting

Re: Building Contractor's Company

Cumberland Homes, Inc.

Requesting removal of mechanical HVAC Contractor:

Owner is David Jackson

Jacksons Heating & Air, Po Box 82, Benson, NC License #23670; from our jobs

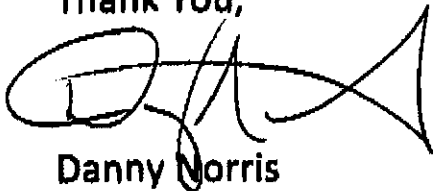
and to add as our new mechanical HVAC Contractor:

Owner is Phillip Bryant

Cool Spring Heating & Air Conditioning, 2200 Cool Springs

Road, Broadway, NC 27505 License #11542.

Thank You,

A handwritten signature in black ink, appearing to read "Danny Norris". The signature is stylized with a large initial "D" and "N".

Danny Norris