*Cach section below to be illied out by nomever performing work. Must be owner licensed contractor. Address, company ame & phone must match information on license.

| | $n44\times 1$ |
|---------------|---------------|
| Application # | |
| 1rhbmann | |

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

| | Building and Trades Permit | |
|--|---------------------------------------|-------------|
| Owner's Name: Now Centry Homes | Date: 5 - 4-10 | 1 |
| Site Address: 1410 Wescex Court | Phone: 910 -892-4345 | , |
| Directions to job site from Lillington: | to 24 Tron 24 Ten | <i>)</i> |
| | Sub con Right | |
| 1:2-1 90 | | |
| Subdivision yould chare flankshow | Lot: (2(| |
| OGDG[VISION-1417] | | / |
| Description of Proposed Work: New Home St. Heated SF 2152 Unheated SF 576 Finished F | | Slat |
| General Contract | ctor Information | |
| Cumberland Homes | 910-892-4345 | |
| Building Contractor's Company Name | Telephone | |
| Po Box 727 Dunn, NC 28335 | 59493 License # | |
| Address Dany Rosers | LIGGISS # | |
| Signature of Owner/Contractor/Officer(s) of Corporation | Must sign & fill out second page | |
| Flectrical Parn | nit intormation | |
| Description of Work New Service | e Size: 200 Amps TPole yesano | ÷ |
| Wester + Pace | 919 - 499 - 5389 | |
| Electrical Contractor's Company Name | Telephone | |
| 546 Leslie Dr. Sanford, NC | 12の27-ル License # | |
| Address - | Ficelize # | |
| William Wester | | |
| Signature of Officer(s) of Corporation Mechanical Per | mit information | |
| | · · · · · · · · · · · · · · · · · · · | |
| Jacksons Heating + Air | 910 - 891 - 5410 | |
| Mechanical Contractor's Company Name | Telephone | |
| Pa Bax 82 Benson NC | 23670 | |
| Address | License # | |
| Duid Jackson | • | |
| Signature of Officer(s) of Corporation | alt Information | |
| Plumbing Peril | # Baths 2 1/2 | |
| Description of Work NEW | 910 - 531 - 3111 | |
| Curtis Faircloth Plumbing | Telephone | |
| Plumbing Contractor's Company Name | · | |
| 5056 Elizabethtown they Roseboro, we | License # | |
| Address C. t. Further | | |
| Signature of Officer(s) of Cornoration | | |
| <u>Insulation Perm</u> | | ,_ _ |
| TRI-City Insulution 418 Person St. 1 | Tay. NC 910-486-885 | > |
| Insulation Contractor's Company Name & Address | Telephone | |
| | | |

| Application # | 2438 /_ | |
|---------------|---------|---|
| rippiicanon " | | _ |

| 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 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? | | | |
| yesno | | | |
| 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: | | | |
| 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. | | | |
| 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. | | | |
| 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 | | | |
| 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 | | | |
| Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit: ——————————————————————————————————— | | | |
| Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit: ——————————————————————————————————— | | | |

ORAN 1

Plan Box Number AA2

Job Name Jorkshine

Date: 5 = (-1)

Required Inspections for SFA/SFD

Appl. # 40-50024387 Valuation # 177242 Sq. Feet 2728

2152

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 <i>`</i> | 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 |
| • | _ |