* 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.

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Application #			<u> </u>	/	_

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

Application for Residentia	I Building and Trades Permit
Owner's Name: Prominent Builders	Date: <u>5/11/10</u>
	answs Phone: 910-892-4345
Directions to job site from Lillington: 27 West Fi	eas Lillisoland FR ON
	Herasa Rd. FD into S/D
Lot an Left just past cla	ub house
Subdivision: Parolina Seasons	Lot: 19-B
Description of Proposed Work: Two Story a	11 1
Heated SE 2235 Unheated SF 576 Finished	
General Contra	actor information
Cumberland Homes	910-892-4345
Building Contractor's Company Name	Telephone
Po Box 727 Dunn, NC 28335	59493
Address Q	License #
Signature of Owner/Contractor/Officer(s) of Corporation	Must sign & fill out second page
Electrical Per	mit information
Description of Work New Service	e Size: 200 Amps TPole yes/no
Wester + Pace	919 - 499 - 5389
Electrical Contractor's Company Name	Telephone
5A6 Leslie Or. Sanford, NC	12007-U
Address ~	License #
Signature of Officer(s) of Corporation	
Signature of Officer(s) of Corporation	mit information
	mit information
Description of Work New	042 001 0040
Jacksons Heating + Air Mechanical Contractor's Company Name	910 - 891 - 5410
	Telephone 23670
Pa Bar 82 Benson, NC	License #
Deil Outon	Liconso #
ignature of Officer(s) of Corporation	
Plumbing Perm	nit Information
escription of Work New	# Baths 2 /Z
Glover Contract Plumbing	910-892-1612
lumbing Contractor's Company Name	Telephone
PO BOX 726 Coats, NC	23160
ddress	License #
Shown Mores	
gnature of Officer(s) of Corporation	
Insulation Permi	•
	ay, NC 910-486-8855
sulation Contractor's Company Name & Address	Telephone

	24	427	
Application #		/ \ /	

Homeowners Applying to Bulld 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
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?
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 <u>any</u> 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 5/11/10
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 earrying out the work.
Sign w/Title: Dy his lowner
sign w/Title: Dy his /owner Date: 5/11/10

Plan Box Number AAI	Job Name Carolie S
	Date: 5-11-10
Required Inspections for SFA/S	SFD
	Appl. # 10-500 24427
	Valuation 4   83   54
G.	Sq. Feet 2819
Sequence	
10	R* Bldg. Footing 2743
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 > 2500
60	Four Trade Final > 2500 Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
VV	two trade fillar ~ 2500

One Trade Final

One Trade Final > 2500

Envir. Operations Permit

60

60

999