* Fach section below to be filled out by	
whomever performing work. Must be ow or ilcensed contractor. Address, compar	ner Y
name & phone must match information o	
ucense	

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Application #	<u>~~~~~~</u>	0	0	

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

Application for Residential Building and Trades Permi Owner's Name: Lunbar Site Address; Directions to job site from Lillington: Description of Proposed Work: #Bedrooms: Unheated SF 696 Finished Rec Room? Crawl Space ( ) Slab (Y **General Contractor Information** Cumberland Homes 910-892-4345 **Building Contractor's Company Name** Telephone PO BOX 727 Dunn NC 28335 Address Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit Information
Service Size: 200 Amps TPole yes no New Description of Work Wester + Pace 919-499-5389 Electrical Contractor's Company Name Telephone 5A6 Leslie Or. Sanford 12007-L Address -License # William Wester Signature of Officer(s) of Corporation **Mechanical Permit Information** Description of Work New Jacksons Heating + Air 910-891-5410 Mechanical Contractor's Company Name Telephone Pa Box 82 Benson, NC 23670 Address License # Signature of Officer(s) of Corporation Plumbing Permit Information New Description of Work Glover Contract Phumbing 910-892 Plumbing Contractor's Company Name Telephone Po Box 726 Coats 23160 Address License # Signature of Officer(s) of Corporation **Insulation Permit Information** Tri-City Insulation 418 Person St. 914-486-8855 Insulation Contractor's Company Name & Address Telephone

	24488
Application #	Q4400
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?yesno
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 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.
D- = 12 5/21/10
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 carrying out the work.
Sign w/Title: D-y his /owner Date: 5/21/10
Sign w/Title: Dy his lowner Date: 5/21/10

SLAB

Plan Box	Number	A	AI	

Job Name Cumberland

Date: 5-24-10

Required Inspections for SFA/SFD

Appl. # 10-60024488 Valuation 209728 Sq. Feet 3228

## 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
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	Envir. Operations Permit

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\* Eash section below to be filled out by whomever performing work. Must be owner or licensed contradior. Address, company name a phone must match Application #

Harnett County Central Permitting
PO Box 66 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.hamett.org/permits

## Application for Residential Building and Trades Permit

	Owner's Name:	Date:			
	Site Address:				
	Directions to Job site from Lillington:				
	Subdivision:  Description of Proposed Work:				
/	Heated SF: Finished Bonus Room?	Crawl Space: Slab:			
Ō	Building Contractor's Company Name	Telephone			
5	Address	Email Address			
7	Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Contractor Information	License #			
$\geq$	Description of Work Service Size:	Amps T-Pole:YesNo			
35	Electrical Contractor's Company Name	Telephone			
$O_{C}$	Address	Email Address			
201 700	Signature of Owner/Contractor/Officer(s) of Corporation  Mechanical/HVAC Contractor Informs	License # ation			
$\mathcal{I}_{\mathcal{I}_{\mathcal{I}_{\mathcal{I}_{\mathcal{I}}}}}$	Description of Work				
<u>a</u>	Mechanical Contractive Company Name & Sir Could Tionis	719-25 8-6413			
9	1280 Capl Sommes RD. Broadway NC	Philipped to the control of the control			
	Cool Sorings Heating of fir Coulitionic Mechanical Contractor's Company Name  1200 Cool Springs Rd. Broadway NC Address)  Address)  27503	Emali Address			
	Philly Dry of	11.5 42 License #			
		# Baths			
	Plumbing Contractor's Company Name	Telephone			
	Address	Email Address			
	Signature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Information	License #			
	Insulation Contractor's Company Name & Address	Telephone			

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

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,

Danny Norris