* Fach section below to be filled out by
whomever performing work. Must be awner
or licensed contractor. Address, company
name & phone must match information on
license

Application # 2450 7

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

Application for Residential Building and Trades Permit Owner's Name: Subdivision: Larolina Description of Proposed Work: Unheated SF 🗲 Finished Rec Room? General Contractor Information 910-892-4345 Cumberland Homes **Building Contractor's Company Name** Telephone PO BOX 727 28335 Dunn , NC Address Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation **Ejectrical Permit Information** Amps TPole yes/no Description of Work New Service Size: 200 919-499-5389 Wester + Pace Electrical Contractor's Company Name Telephone 5A6 Leslie Dr. Sanford 12007-L Address ~ William Wester Signature of Officer(s) of Corporation **Mechanical Permit Information** New Description of Work Jacksons Heating + Air 910-891-5410 Mechanical Contractor's Company Name Telephone 23670 Pa Box 82 Benson Address Signature of Officer(s) of Corporation Plumbing Permit Information New Description of Work Glover Contract Phumbing 910-892-1612 Plumbing Contractor's Company Name Telephone PO BOX 726 Coats. NC 23160 Address License # Signature of Officer(s) of Corporation **Insulation Permit Information** 910-486-8855 Tri-City Insulation 418 Person St. Insulation Contractor's Company Name & Address Telephone

	2450	7
Application #	7430	

	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?		
	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 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?		
	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:		
	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		
1	them.		
	them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.		
	them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance		
1	them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.		
i t	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		

Plan Box Number AA

Job Name Carolia Season

Date: 5-27-10

Required Inspections for SFA/SFD

Appl. # 10.50024507 Valuation 218499 Sq. Feet 3363

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	
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
50	One Trade Rough In > 2500
60	R* Insulation
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit