

* 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.

Application # 24592

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit

Owner's Name: Silverado Homes, LLC. Date: 6/9/10
Site Address: Lot # 53 Carolina Seasons Phone: 910-892-4345
Directions to job site from Lillington: 27 West Front Lillington, (R) on Johnsonville School Rd, (R) on Panderosa Rd, (L) into 510, (R) on Green Links Dr, (L) on Spring Flowers Dr., lot on left
Subdivision: Carolina Seasons Lot: 53
Description of Proposed Work: Two Story #Bedrooms: 4
Heated SF 2472 Unheated SF 472 Finished Rec Room? N/A Crawl Space () Slab ()

General Contractor Information

Cumberland Homes 910-892-4345
Building Contractor's Company Name Telephone
PO Box 727 Dunn, NC 28335 59493
Address License #
Dany Harris
Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page

Electrical Permit Information

Description of Work New Service Size: 200 Amps TPole yes/no
Wester + Pace 919-499-5389
Electrical Contractor's Company Name Telephone
546 Leslie Dr. Sanford, NC 12007-U
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
PO Box 82 Benson, NC 23670
Address License #
David Jackson
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New # Baths 2 1/2
Glover Contract Plumbing 910-892-1612
Plumbing Contractor's Company Name Telephone
PO Box 726 Coats, NC 23160
Address License #
Shawn Glover
Signature of Officer(s) of Corporation

Insulation Permit Information

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

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

6/9/10
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: My wife / owner

Date: 6/9/10

Plan Box Number AA-2

Job Name Caroline Seasons

Date: 6-10-10

Required Inspections for SFA/SFD

Appl. # 10-5-24592

Valuation \$ 190,887

Sq. Feet 2938

Sequence	
10	<input checked="" type="checkbox"/> R* Bldg. Footing
10-30	<input checked="" type="checkbox"/> R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/> R* Building Foundation
20	<input checked="" type="checkbox"/> Address Confirmation
30-999	<input type="checkbox"/> Open Floor
30-999	<input checked="" type="checkbox"/> R* Bldg. Slab Insp.
30-999	<input checked="" type="checkbox"/> R* Elec. Under Slab
30-999	<input checked="" type="checkbox"/> R* Plumb. Under Slab
40	<input checked="" type="checkbox"/> Four Trade Rough In
40	<input type="checkbox"/> Four Trade Rough In > 2500
40	<input type="checkbox"/> Three Trade Rough In
40	<input type="checkbox"/> Three Trade Rough In > 2500
40	<input type="checkbox"/> Two Trade Rough In
40	<input type="checkbox"/> Two Trade Rough In > 2500
40	<input type="checkbox"/> One Trade Rough In
40	<input type="checkbox"/> One Trade Rough In > 2500
50	<input checked="" type="checkbox"/> R* Insulation
60	<input checked="" type="checkbox"/> Four Trade Final
60	<input type="checkbox"/> Four Trade Final > 2500
60	<input type="checkbox"/> Three Trade Final
60	<input type="checkbox"/> Three Trade Final > 2500
60	<input type="checkbox"/> Two Trade Final
60	<input type="checkbox"/> Two Trade Final > 2500
60	<input type="checkbox"/> One Trade Final
60	<input type="checkbox"/> One Trade Final > 2500
999	<input type="checkbox"/> Envir. Operations Permit

Application # 0210500

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

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 _____ Telephone _____
2200 Cool Springs Rd. Broadway NC 27505 Email Address Phil.Bryant@live.com

Address _____ License # 11542

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

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

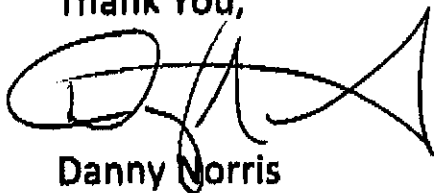
and to add as our new mechanical HVAC Contractor:

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', written over the printed name below it.

Danny Norris