Fach section below to be filled out by	
whomever performing work. Mores or licensed contractor. Addres	
name & phone must match info	

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	24700	
Application #	X 1700	
-FF		

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548

Application for Residential Building and Trades Permit	
Application for residential building and Trades Ferring	1
Owner's Name: Newado Horses, L.C. Date: 6/23/	10
Site Address: #90 Carolina Seasons Phone: 910-892-4	345
Directions to job site from Lillington: 27 West Front Lillington, FR ON	
Chrosville School Id. TR and Porderosa Rd. FD inthe	5/1
Let on Right	رميه
Subdivision: <u>Parolina Seasons</u> Lot: <u>90</u>	<del>,</del>
Description of Proposed Work: Karch w/ Rec #Bedrooms: 3	
Heated SF/69/2 Unheated SF 5/62/Finished Rec Room? 288 26 Crawi Spa	ce ( ) Slab
General Contractor Information	
Cumberland Homes 910-892-4345	
Building Contractor's Company Name Telephone	-
Pa Box 727 Dunn, NC 28335 5949:	
Address Damy Asiris Must sign & fill out second page	#
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 yestr	10
Wester + Pace 919-499-5389	
Electrical Contractor's Company Name Telephone	
5A6 Leslie Dr. Sanford, NC 12007.	
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 Bax 82 Benson NC 23670	<del></del>
Address License	#
Vanadura of Catalogical Access to	
Signature of Officer(s) of Corporation  Plumbing Permit Information	
# Datris	_
Glover Contract Plumbing 910-892-1612  Jumbing Contractor's Company Name  Telephone	
Po Box 726 Coats, NC 23160  Ucense #	<del></del>
ddress License #	•
gnature of Officer(s) of Corporation	
Insulation Permit Information	
	355
Tri-City Insulation 418 Person St. Fay, NC 910-486-81 sulation Contractor's Company Name & Address Telephone	

Application	#
· ·PP	

	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? 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?
	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.
	Signature of Owner/Contractor/Officer(s) of Corporation  Date
	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:
	The undersigned applicant being the:
	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
	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:
	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
	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
1	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.
1	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

## Plan Box Number AA-J

Job Name Carolina Stasons

Date: 628-10

## Required Inspections for SFA/SFD

Appl. # 10-5-24700 Valuation # 147, 485 Sq. Feet 22.70

## Sequence

	And the second of the second o
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* Bidg. 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
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	On <b>e Trade Final</b>
60	One Trade Final > 2500
999	Envir. Operations Permit

\* Eash section below to be filled out by whomever performing work. Must be owner or licensed contractor. 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
701 702	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