

\* 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 # 1050024824

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

**Application for Residential Building and Trades Permit**

Owner's Name: DSF, LLC. Date: 7/14/10  
Site Address: Lot # 42 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: 42  
Description of Proposed Work: Two story w/ Rec #Bedrooms: 3  
Heated SF 2833 Unheated SF 600 Finished Rec Room? 445 Crawl Space ( ) Slab (x)

**General Contractor Information**

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

**Electrical Permit Information**

Description of Work New Service Size: 200 Amps TPole yes/no  
Wester + Pace Telephone 919-499-5389  
Electrical Contractor's Company Name  
546 Leslie Dr. Sanford, NC Telephone 12007-11  
Address License #  
William Wester  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work New  
Jacksons Heating + Air Telephone 910-891-5410  
Mechanical Contractor's Company Name  
PO Box 82 Benson, NC Telephone 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 Telephone 910-892-1612  
Plumbing Contractor's Company Name  
PO Box 726 Coats, NC Telephone 23160  
Address License #  
Shawn Glover  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Tri-City Insulation 418 Person St. Fay, NC Telephone 910-486-8055  
Insulation Contractor's Company Name & Address

**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

7/14/10  
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: Dy his owner

Date: 7/14/10

# SLAB

Plan Box Number AA2

Job Name Carolina Season

Date: 8-13-10

## Required Inspections for SFA/SFD

Appl. # 10-50024824

Valuation 223437

Sq. Feet 3239

## Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input type="checkbox"/>	Address Confirmation
30-999	<input type="checkbox"/>	Open Floor
30-999	<input checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input checked="" type="checkbox"/>	R* Plumb. Under Slab
40	<input type="checkbox"/>	Four Trade Rough In
40	<input checked="" 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 type="checkbox"/>	Four Trade Final
60	<input checked="" 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 \_\_\_\_\_  
*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**

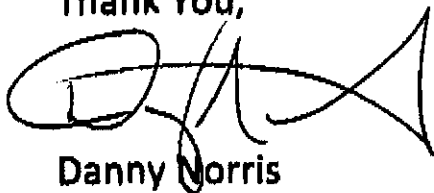
**and to add as our new mechanical HVAC Contractor:**

**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". The signature is stylized with a large initial "D" and "N".

**Danny Norris**