Harnett County Central Permitting PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: William Custis Zabel	Date: <u>8-13-10</u>
Site Address: MC FARLAND ROAD, BROADWAY, TEA	c+ 2 Phone: 910-574-3920
Directions to job site from Lillington:	
Directions to job site north Elimigion.	
Subdivision: PRIVATE PROPORTY Zabel	Lot: (+ 2
	# of Bedrooms: 3
Description of Proposed Work: SFD	Occasi Space X Slahi
Heated SF: 2156 Unheated SF: 550 Finished Bonus Room? N	Crawl Space: Slab
LANDMARIC Homes of Pinehurst LLC	9197770393_
Building Contractor's Company Name	Telephone
3015 S. JEFFERSOn DAVIS HWY US#15	MIFORD
Aggress 1	Email Address
XUITUN MUS MONT - OWNER.	55312
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Description of Work <u>New Residential Hame</u> Service Size:	Amns T-Pole: + Ves No.
Description of Work 160 Als The Service Size.	9197796052
AKINS E/ECTRICAL CONTRACTIONS Electrical Contractor's Company Name	Telephone
3801 PEARL ROAD RAILER 27610	Tolophone
Address	Email Address
Address	14571
Signature of Owner/Contractor/Officer(s) of Corporation	License #
<u>Mechanical/HVAC Contractor Inform</u>	<u>ation</u>
Description of Work <u>New Residential</u> Home	
TEMP Control	9102958367
Machanical Contractor's Company Name	Telephone
DOBOX 907 West END MC 27376	
Address	Email Address
	29204 License #
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Informatio	,
Description of Work New Residential Home	# Baths 2/2
	919894 1813
Plumbing Contractor's Company Name	Telephone
8991 NC #27 EA. BENSON NC 27504	, Cooperation
Address	Email Address
Address	17405_
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	on 800 408 1012
TRICITY INSULATION + Bldg PRODUCTS	
Insulation Contractor's Company Name & Address	Telephone
FAYETTEVILLE MC 418 PERSON St.	

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

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 1050024939

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

<u>Application for Residential Building and Trades Permit</u>

Owner's Name: William Curtis Zabel	Date: 8-13-10
Site Address: MC FARLAND ROAD, BRUADWAY, T	2 An + 2 Phone: 910-574-301
Directions to job site from Lillington:	Thomas Thomas
Contraction (12)	
Subdivision: Personal Preoperty Zabel	Lot: <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u>
Description of Proposed Work: SFD	# of Bedrooms: 3
Heated SF: LID 8 Unheated SF: S S O Finished Bonus Room?	Crawl Space: X_ Slab:
General Contractor Informati	
Building Contractor's Company Name	4197770393
Building Contractor's Company Name	Telephone
3015 S. JEFFERSON DAVIS HWY US#1 Address	2 K-0100
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	<u>55312</u>
Electrical Contractor Information	License#
Description of Work // Lie Kis Dental His mi Service Size	e: DXU-VAmps T-Pole: Yes No
AKIN'S ELECTRICAL CONTRACTIONS	9197796052
Electrical Contractor's Company Name	Telephone
3801 PHARL KOAP KAleich 27610	AKINS380126MAIL com
Address // /	Email Address
Bulla K-Adam	14571
Signature of Owner/Contractor/Officer(s) of Corporation	License #
, Mechanical/HVAC Contractor Info	
Description of Work Nice Fils 1 Dential Horns	
TEMP Control	910295 8367
Mechanical Contractor's Company Name	Telephone
PEBOX 967 W. STEND MC 27316	<u> </u>
Address	Email Address
	29204
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Informat	# Baths 2 1/2
Description of Work/ LELL MESIDE THAT HOINE	
Plumbing Contractor's Company Name	919894 1813
Plumbing Contractor's Company Name	Telephone
8991 11C #27 EA. BENSON NC 27504	
Address	Email Address
Signature of Ourper/Contropter/Officer/o) of Occasion	17465
Signature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Informat	License #
TRICILITASULAtion & Blag Products	800 408 1612
Inculation Contractor's Commany Name 9 Address	Teleskana
FACE HER III IIC 418 PERSON St.	· Copilotte

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

* Each Section below to be filled out by whomever performing work. Must be owner or ficensed contractor. Address, company name & phone must match Application # 1050024939

Harnett County Central Permitting
PO Box 65 Lillington, NC 27648
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: William Curtis Zabel	Date: 8-13-10
Site Address: MC FARLAND ROAD, BRUADWAY, T	700+ > Photo 910-5711-200
Directions to ish site from I !!!!	EHC+ 2 Mone: 110.2 14.3130
Directions to job site from Lillington;	
1	
Subdivision: PRIVATE PROPORTY Zabel	Lot: (→ ≥
	# of Bedrooms: 3
Heated SF: 2158 Unheated SF: 550 Finished Bonus Room?	Crawl Space: X Slab:
General Contractor Informat	
LANDMARKE Homes of Pinehurst LLC	9197770393
Building Contractor's Company Name	Telephone
3015 S. Jefferson Davis Hwy US#1	> MUFORO
Address	Email Address
	<u> </u>
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Description of Work New Residential Heart Service Size	tion ;
AKINS Electrical Confiractions	9197796052
Electrical Contractor's Company Name	Telephone
3801 PEARL ROAD RAPEIGH 27610	raidpriorie
Address	Email Address
Addiess	
Signature of Owner/Contractor/Officer(s) of Corporation	14571 License#
Mechanical/HVAC Contractor Info	
Description of Work NEW RESIDENTIAL HOTTE	
Temp Contract	910295 8367
Mechanical Contractor's Company Name	Telephone
PUBOX 907 LURST END 11C 27376	respirate
Address / 10 -1	Email Address
Mattinia Mala, Parison	29204
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Informa	46
Description of Work/ 18.00 RESIDENTIAL HOME	# Baths 21/2
/1 /	# Baung # - 10
Plumbing Contractor's Company Name	919894 1813
8991 NC #27 EA. BENSON NC 27504	Telephone
Address	Email Address
, 1841, 669	17465"
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Informa	tion
TRICITY INSULATION & Bldg Products	800 408 1012
Insulation Contractor's Company Name & Address	Telephone
table He Ville MC 418 PERSON St.	•

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

Residential Building Application

1 of 2

03/10

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # <u>105002493</u>9

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

Application for Residential Building and Trades Permit

Owner's Name: William Curtis Zabel	Date: 8-13-10
SITE Address: MC FARLAND ROAD, BRUADWAY, TR	AC+ 2 Phone: 910:574-3036
Directions to job site from Lillington:	-10 5 19 Mag
Encountry to job one non Emmigron.	
Subdivision: PRIVATE PRADOCING Zabel	
	Lot: <u>(→ ≥</u>
Description of Proposed Work: SFD	# of Bedrooms: 3
Heated SF: 2158 Unheated SF: 550 Finished Bonus Room?	Crawl Space: X Slab;
LANDMAILL Homes of Pinehurst LLC	
Building Contractor's Company Name	<u>年1977777393</u> Telephone
	> MCO BO
Address	Email Address
	<u>55372</u>
Signature of Owner/Contractor/Officer(s) of Corporation	license #
Description of Work <u>New Residential Contractor Information</u>	
AKINS ELECTRICAL CONTRACTIONS	
Electrical Contractor's Company Name	<u>9197796652</u> Telephone
3801 PEARL ROAD RALLIGH 27610	releptione
Address	Email Address
	14571
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contractor Inform	nation
Description of Work NEW RESIDENTIAL HOTTE	
Temp Control	910295 8367
Mechanical Contractor's Company Name	Telephone
PUBOX 907 West END 11C 27376	
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	29204
Plumbing Contractor information	License #
Description of Work/PLAU RESUDENCE HEADE	_# Baths 2 1/2
Celeys GUALITY Plumbing	919894 1813
Plumbing Contractor's Company Name	Telephone
8991 NC #27 En. BENSON NC 27504	
Address 1 100	Email Address CON
Macolville-Corporate Secretary	17465
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	un Parilar 1112
IR (City INSU/NICON Y Blag PRODUCES Insulation Contractor's Company Name & Address	Sco 408 1612 Telephone
PAGE HEVILLE MC 418 PERSON St.	reichtiotia
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*NOTE: General Contractor must fill out and sign the second page of this application.

and the second s	Ruild Their Own Home Owners Exemption
	ners Applying to Build Their Own Home see a Permit Technician to determine if you qualify for permit under Owners Exemption. Ulations as to Issue of Building Permits (Memo available upon request) Ich this building will be constructed? YesNo
Homeow	see a Permit Technician to determine Permits (Works
the following questions then	ulations as to Issue of Sale o
Please answer the form G.S. 87-14 Regulation plans are per G.S. 87-14 Regulation plans and the second property of the second please answer the form of the second please answer the form of the second please answer the second please and	ch this building will be constructed? Thire an individual to superintend and Yes No
Questioniano	ch this building Will bo
A Do you own the land on will	hire an individual to superintend and Yes No oject? Yes No
1. Do you	hire an individual to sale
and or intellu	
2. Have you hired or intend to manage construction of the property of the prop	exetruction activities
manago o	ontrol & supervise construction activities? YesNo
2 Do you intend to directly of	control & Super No. contract, or directly pay for all phases of
3. 50.	Contract, or directly pay low
4 Do you intend to schedule	
4. Do you intend to some construction work to be done	tanat least 12 consecutive
Collettaerra	ally occupy the building for at least understand that if
5 Do you intend to persona	ally occupy the building for at least 12 consecutive of construction and do you understand that if the presumption under law that you fraudulently the presumption under law that you fraudulently
months following completion	the presumption under law that you was Yes No
wouldo not do so, it creates	The proof.
secured the permit?	- 1
Secured	e authority to make necessary application, that the application is correct eauthority to make necessary application, that the application is correct little authority to make necessary application, that the application is correct eauthority to make necessary application, that the application is correct eauthority to make necessary application, that the application is correct eauthority to make necessary application, that the application is correct eauthority to make necessary application, that the application is correct eauthority to make necessary application, that the application is correct eauthority to make necessary application, that the application is correct eauthority to make necessary application, that the application is correct eauthority to make necessary application, that the application is correct eauthority to make necessary application.
	weight to make necessary application, that Electrical, Plumbing and
I hareby certify that I have the	e authority to make necessary application, that the application is correct earthority to make necessary application, that the application is correct earthority to make necessary application, that the application is correct earthorized and it conforms to the regulations in the Building Electrical, Plumbing and ill conform to the regulation of the application is correct earthorized to the conformation of the proposed use
and that the construction wi	lil Collinty Zoning Ordinance. I state the listed contractors, site plan,
Mechanical codes, and the I	e authority to make necessary applications. Electrical, Plumbing and ill conform to the regulations in the Building, Electrical, Plumbing and ill conform to the regulations in the Building, Electrical, Plumbing and ill conformation on the above including listed contractors, site plan, which me and if any changes occur including listed contractors, site plan, which me and if any changes occur including listed contractors, site plan, which me and include all any changes of proposed use which the plans. Environmental Health permit changes or proposed use
contractors is correct as known	ill conform to the regulations in the conformation on the above ill conform to the regulations in the lands of the conformation on the above ill conformation on the above ill conformation of the conformatio
number of bedrooms, buildin	and trade to notify the Harnett County Central
changes, I certify it is my res	sponsibility to noury the sponsibility the sponsib
any and all changes.	Months to 2 years permit re-issue fee is \$ 150.00.
EXPIRED PERMIT FEES	Ja Violatio to 2 ,
is as per current fee schedu	
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1 1/2 to my to the or	
Cteran dans	
Signature of Owner/Contract	ctor/Officer(s) of Corporation Date
Signature of Owner/Contract	ctor/Officer(s) of Corporation Date
Affic	Date Date davit for Worker's Compensation N.C.G.S. 87-14
Affic	Date Date davit for Worker's Compensation N.C.G.S. 87-14
Affice The undersigned applicant	ctor/Officer(s) of Corporation Date davit for Worker's Compensation N.C.G.S. 87-14 being the: Officer(Agent of the Contractor or Owner)
Affic	ctor/Officer(s) of Corporation Date davit for Worker's Compensation N.C.G.S. 87-14 being the: Officer(Agent of the Contractor or Owner)
The undersigned applicant General Contracto	ctor/Officer(s) of Corporation davit for Worker's Compensation N.C.G.S. 87-14 being the: Or Owner Officer/Agent of the Contractor or Owner
The undersigned applicant General Contracto Do hereby confirm under p	ctor/Officer(s) of Corporation Date davit for Worker's Compensation N.C.G.S. 87-14 being the: Officer(Agent of the Contractor or Owner)
The undersigned applicant General Contracto	ctor/Officer(s) of Corporation davit for Worker's Compensation N.C.G.S. 87-14 being the: Or Owner Officer/Agent of the Contractor or Owner
The undersigned applicant General Contracto Do hereby confirm under poset forth in the permit:	davit for Worker's Compensation N.C.G.S. 87-14 being the: OrOwnerOfficer/Agent of the Contractor or Owner Date OrOwnerOfficer/Agent of the Contractor or Owner Denalties of perjury that the person(s), firm(s) or corporation(s) performing the work
The undersigned applicant General Contracto Do hereby confirm under poset forth in the permit:	ctor/Officer(s) of Corporation davit for Worker's Compensation N.C.G.S. 87-14 being the: Or Owner Officer/Agent of the Contractor or Owner
The undersigned applicant General Contracto Do hereby confirm under poset forth in the permit: Has three (3) or mo	davit for Worker's Compensation N.C.G.S. 87-14 being the: OrOwnerOfficer/Agent of the Contractor or Owner Denalties of perjury that the person(s), firm(s) or corporation(s) performing the work or employees and has obtained workers' compensation insurance to cover them.
The undersigned applicant General Contracto Do hereby confirm under poset forth in the permit: Has three (3) or more	davit for Worker's Compensation N.C.G.S. 87-14 being the: OrOwnerOfficer/Agent of the Contractor or Owner Date OrOwnerOfficer/Agent of the Contractor or Owner Denalties of perjury that the person(s), firm(s) or corporation(s) performing the work
The undersigned applicant General Contractor Do hereby confirm under poset forth in the permit: Has three (3) or more them.	ctor/Officer(s) of Corporation davit for Worker's Compensation N.C.G.S. 87-14 being the: OwnerOfficer/Agent of the Contractor or Owner renalties of perjury that the person(s), firm(s) or corporation(s) performing the work ore employees and has obtained workers' compensation insurance to cover them. e subcontractors(s) and has obtained workers' compensation insurance to cover
The undersigned applicant General Contractor Do hereby confirm under poset forth in the permit: Has three (3) or more them.	ctor/Officer(s) of Corporation davit for Worker's Compensation N.C.G.S. 87-14 being the: OwnerOfficer/Agent of the Contractor or Owner renalties of perjury that the person(s), firm(s) or corporation(s) performing the work ore employees and has obtained workers' compensation insurance to cover them. e subcontractors(s) and has obtained workers' compensation insurance to cover
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The undersigned applicant General Contractor Do hereby confirm under poset forth in the permit: Has three (3) or more them. Has one (1) or more covering themselves. Has no more than to	ctor/Officer(s) of Corporation Date davit for Worker's Compensation N.C.G.S. 87-14 being the: Or Owner Officer/Agent of the Contractor or Owner benalties of perjury that the person(s), firm(s) or corporation(s) performing the work or employees and has obtained workers' compensation insurance to cover them e subcontractors(s) and has obtained workers' compensation insurance to cover e subcontractors(s) who has their own policy of workers' compensation insurance wo (2) employees and no subcontractors
The undersigned applicant General Contractor Do hereby confirm under poset forth in the permit: Has three (3) or more them. Has one (1) or more covering themselves. Has no more than to	ctor/Officer(s) of Corporation davit for Worker's Compensation N.C.G.S. 87-14 being the: Or Owner Officer/Agent of the Contractor or Owner Denalties of perjury that the person(s), firm(s) or corporation(s) performing the work Or employees and has obtained workers' compensation insurance to cover them Date Date Date Date Date Date Date Date
The undersigned applicant General Contractor Do hereby confirm under poset forth in the permit: Has three (3) or more them. Has one (1) or more covering themselves. Has no more than to While working on the project	davit for Worker's Compensation N.C.G.S. 87-14 being the: Owner Officer/Agent of the Contractor or Owner Denalties of perjury that the person(s), firm(s) or corporation(s) performing the work ore employees and has obtained workers' compensation insurance to cover them the subcontractors(s) and has obtained workers' compensation insurance to cover the subcontractors(s) who has their own policy of workers' compensation insurance wo (2) employees and no subcontractors.
The undersigned applicant General Contractor Do hereby confirm under poset forth in the permit: Has three (3) or more them. Has one (1) or more covering themselves. Has no more than to While working on the project	davit for Worker's Compensation N.C.G.S. 87-14 being the: Owner Officer/Agent of the Contractor or Owner Denalties of perjury that the person(s), firm(s) or corporation(s) performing the work ore employees and has obtained workers' compensation insurance to cover them the subcontractors(s) and has obtained workers' compensation insurance to cover the subcontractors(s) who has their own policy of workers' compensation insurance wo (2) employees and no subcontractors.
The undersigned applicant General Contractor Do hereby confirm under poset forth in the permit: Has three (3) or more them. Has one (1) or more covering themselves. Has no more than to While working on the project	davit for Worker's Compensation N.C.G.S. 87-14 being the: Owner Officer/Agent of the Contractor or Owner Denalties of perjury that the person(s), firm(s) or corporation(s) performing the work ore employees and has obtained workers' compensation insurance to cover them the subcontractors(s) and has obtained workers' compensation insurance to cover the subcontractors(s) who has their own policy of workers' compensation insurance wo (2) employees and no subcontractors.
The undersigned applicant General Contractor Do hereby confirm under poset forth in the permit: Has three (3) or more them. Has one (1) or more covering themselves. Has no more than to the working on the project Department issuing the perto issuance of the permit ail carrying out the work.	davit for Worker's Compensation N.C.G.S. 87-14 being the: Officer/Agent of the Contractor or Owner benalties of perjury that the person(s), firm(s) or corporation(s) performing the work re employees and has obtained workers' compensation insurance to cover them: e subcontractors(s) and has obtained workers' compensation insurance to cover e subcontractors(s) who has their own policy of workers' compensation insurance wo (2) employees and no subcontractors cot for which this permit is sought it is understood that the Central Permitting rmit may require certificates of coverage of worker's compensation insurance rmit may require certificates of coverage of worker's compensation insurance and at any time during the permitted work from any person, firm or corporation
The undersigned applicant General Contractor Do hereby confirm under poset forth in the permit: Has three (3) or more them. Has one (1) or more covering themselves. Has no more than to While working on the project	davit for Worker's Compensation N.C.G.S. 87-14 being the: Or Owner Officer/Agent of the Contractor or Owner renalties of perjury that the person(s), firm(s) or corporation(s) performing the work re employees and has obtained workers' compensation insurance to cover them re subcontractors(s) and has obtained workers' compensation insurance to cover re subcontractors(s) who has their own policy of workers' compensation insurance rect for which this permit is sought it is understood that the Central Permitting rmit may require certificates of coverage of worker's compensation insurance rmit may require certificates of coverage of worker's compensation insurance pror rmit may require certificates of coverage of worker's compensation insurance pror rmit may require certificates of coverage of worker's compensation insurance pror rmit may require certificates of coverage of worker's compensation insurance pror rmit may require certificates of coverage of worker's compensation insurance pror rmit may require certificates of coverage of worker's compensation insurance pror rmit may require certificates of coverage of worker's compensation insurance pror rmit may require certificates of coverage of worker's compensation insurance pror rmit may require certificates of coverage of worker's compensation insurance pror rmit may require certificates of coverage of worker's compensation insurance pror rmit may require certificates of coverage of worker's compensation insurance pror rmit may require certificates of coverage of worker's compensation insurance pror rmit may require certificates of coverage of worker's compensation insurance pror rmit may require certificates of coverage of worker's compensation insurance pror rmit may require certificates of coverage of worker's compensation insurance pror rmit may require certificates of coverage of worker's compensation insurance pror rmit may require certificates of coverage of worker's compensation insurance pror rmit may require certificates of coverage of worker's compens
The undersigned applicant General Contractor Do hereby confirm under poset forth in the permit: Has three (3) or more them. Has one (1) or more covering themselves. Has no more than to the working on the project permit air carrying out the work. Company or Name:	davit for Worker's Compensation N.C.G.S. 87-14 being the: Officer/Agent of the Contractor or Owner benalties of perjury that the person(s), firm(s) or corporation(s) performing the work re employees and has obtained workers' compensation insurance to cover them: e subcontractors(s) and has obtained workers' compensation insurance to cover e subcontractors(s) who has their own policy of workers' compensation insurance wo (2) employees and no subcontractors cot for which this permit is sought it is understood that the Central Permitting rmit may require certificates of coverage of worker's compensation insurance rmit may require certificates of coverage of worker's compensation insurance and at any time during the permitted work from any person, firm or corporation
The undersigned applicant General Contractor Do hereby confirm under poset forth in the permit: Has three (3) or more them. Has one (1) or more covering themselves. Has no more than to the working on the project Department issuing the perto issuance of the permit ail carrying out the work.	davit for Worker's Compensation N.C.G.S. 87-14 being the: Owner Officer/Agent of the Contractor or Owner Denalties of perjury that the person(s), firm(s) or corporation(s) performing the work or employees and has obtained workers' compensation insurance to cover them e subcontractors(s) and has obtained workers' compensation insurance to cover e subcontractors(s) who has their own policy of workers' compensation insurance wo (2) employees and no subcontractors out for which this permit is sought it is understood that the Central Permitting mit may require certificates of coverage of worker's compensation insurance promit may require certificates of coverage of worker's compensation insurance out for which this permit is sought it is understood that the Central Permitting mit may require certificates of coverage of worker's compensation insurance out for which this permit is sought it is understood that the Central Permitting mit may require certificates of coverage of worker's compensation insurance out for which this permit is sought it is understood that the Central Permitting mit may require certificates of coverage of worker's compensation insurance out for which this permit is sought it is understood that the Central Permitting mit may require certificates of coverage of worker's compensation insurance out for which this permit is sought it is understood that the Central Permitting mit may require certificates of coverage of worker's compensation insurance out for which this permit is sought it is understood that the Central Permitting mit may require certificates of coverage of worker's compensation insurance out for which this permit is sought it is understood that the Central Permitting mit may require certificates of coverage of worker's compensation insurance out for which this permit is sought it is understood that the Central Permitting mit may require certificates of coverage of worker's compensation insurance out for which the coverage of worker's compensation insurance
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