

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

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2783 www.harnett.org

Application for Residential Building and Trade Permit

Owner's Name: Cumberland Homes Inc Date: 8-23-10
Site Address: Jubilee Court Phone: 910-892-4345
Directions to job site from Lillington: Take 27 W from Lillington to 24 T.L. on 24 then Right on Cameron Hill Rd Subdivision on Right
Subdivision: Yorkshire Plantation Lot: 181
Description of Proposed Work: New Home Stick Built #Bedrooms: 3
Heated SF 2260 Unheated SF 480 Finished Rec Room? Yes Crawl Space Slab

General Contractor Information

Cumberland Homes Telephone 910-892-4345
Building Contractor's Company Name
PO Box 727 Dunn, NC 28335 License # 59493
Address
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 License # 12007-U
Address
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 License # 23670
Address
David Jackson
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New # Baths 2 1/2
Curtis Faircloth Plumbing Telephone 910-531-3111
Plumbing Contractor's Company Name
5056 Elizabethtown Hwy Roseboro, NC 28382 License # 7269
Address
Curtis Faircloth
Signature of Officer(s) of Corporation

Insulation Permit Information

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

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

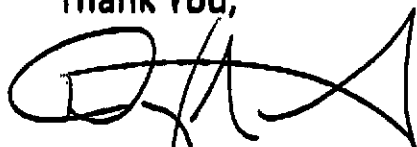
**Jacksons Heating & Air,Po Box 82, Benson,NC License #23670; from our
Jobs**

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

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

Application # _____
Harnett County Central Permitting
PO Box 86 Lillington, NC 27648
910-893-7825 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, 919-258-0415
Mechanical Contractor's Company Name Telephone
2200 Cool Springs Rd. Broadway, NC 27505 PhilBryant@live.com
Address Email Address
Phil Bryant 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.**

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

8-23-10
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: By his owner Date: 8-23-10

SLAB

Plan Box Number AA1

Job Name Yorkshire Plant.

Date: 11-17-10

Required Inspections for SFA/SFD

Appl. # 10-50825134
Valuation 162104
Sq. Feet 2495

Sequence

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