Application # 10-50025437

Fach 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.

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: Silverado Homes Soll. Date: 11/8/10
Site Address: 201 # 48 Carolina Season Phone: 910-892-4345
Directions to job site from Lillington: 27 West Front Lillington; The on
Johnsonville School Id. TR of Porderosa Rd. (TL) into SID,
(TR) and Green Links Dr., (TL) on Spring Flowers Dr., Let an det.
Subdivision: Larolina Seasons Lot: 48
Description of Proposed Work: Two Story w/ Zowes #Bedrooms: 4
Heated SE 1663 Unheated SF 576 Finished Rec Room? 436 General Contractor Information Crawl Space () Slab ()
Cumberland Homes 910-892-4345
Building Contractor's Company Name Telephone
Po Box 727 Dunn, NC 28335 59493
Address () () License #
Address Dany Askis Must sign & fill out second page  Simply of Corporation
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 Les lie Or. Sanford, NC 12007-11
Address ~ License #
William Wester
Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work New 910-891-5410
Mechanical Contractor's Company Name  Telephone  Telephone
Ro Box B2 Benson NC MOLLE 23670
Address License #
Deep Jackson Cot Co
Signature of Officer(s) of Corporation  Plumbing Permit Information
Description of Work # Baths 910 - 521 - 3111
Plumbing Contractor's Company Name Telephone
5056 Elizabethtown Hwy Roseboro NC 2269
Address License #
Custs Fireloff
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

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 socilon below to be filled out by whomever performing work, Must be awner or licensed contractor. Address, company name & pirene must match

## Application #\_ Harnett County Central Permitting PO Box 66 Lillington, NC 27546 910-883-7528 Fax 910-893-2793 www.hamett.org/permits

## Application for Residential Building and Trades Permit

Owner's Name:	Phone:
Directions to job site from Lillington:	rnene;
Subdivision:	Lot:
Description of Proposed Work: Finished Bonus Ros  General Contractor Infor	om? Crawl Space: Slab:
Building Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(a) of Corporation <u>Electrical Contractor Info</u> Description of WorkService	License # mation Size:Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation  Machanical/HVAC Contractor	License #
Description of Work  Cool Springs Heating & Air Couff't   Schanical Contractor's Company Name  2280 Cool Springs Rd. Breedway No   ddress  Janature of Owner/Contractor/Officer(s) of Corporation  Plumbing Contractor Inform	License #
escription of Work	
umbing Contractor's Company Name	Telephone
idress	Email Address
gnature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Inform	License # nation
sulation Contractor's Company Name & Address	

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

Homeowners Applying to Build Their Own Home  Homeowners Applying to determine if you qualify for permit under Owners Exemption.		
Please answer the following questions then see a Permit Technolar to determine the following questions are permits (Memo available upon request)  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? yesno		
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?		
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 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 of Owner/Contractor/Officer(s) of Corporation		
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: Date: 11/18/10		
Sign w/Title: D- his /owner		

Application #\_

Plan Box Number AA. Z

Job Name <u>Carolina Stason</u>

Date: <u>(1-18-10)</u>

## Required Inspections for SFA/SFD

Appl. # 10.5.25637 Valuation #210,443 Sq. Feet 3239

Sequence	5 <b>4</b> . 1 001_
	Footing
10	R* Bldg. Pooting
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. 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	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
	<del>-</del>