\* 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.

Application # 11.50025915

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

license.	phone must match information on	PO Box 65 I	Lillington, NC 27546 x 910-893-2793 www.hari	nett.ora
	Appl	ication for Resident	ial Building and Tra	ides Permit
Λ	Owner's Name: //assic	Home Soul	loss L/C	Date: 1/10/2011
100	Site Address: 201 # 95	Paralisa 5	easons Phone:	910-892-4345
10	Directions to job site from Lillin	man 27 Ward	Front Lillinstan	$\mathcal{L}_{\partial}$
۲) کی	Directions to job site from Lilling	gion: at was 1	Harris Do	(A) 14.5/1
nj·/	Gensonville School A	1. VX M 1	- A die	, Comments
	end of Cul	<u>-de-sac e</u>	DA RIGIN	05
	Subdivision: Larolina	seasons		Lot: <u>93</u>
	Description of Proposed Work:			_#Bedrooms:
	Heated SF 1.498 D Unheater	d SF 440 & Finishe	d Rec Room?	Crawl Space () S
	C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		tractor Information	892-A3A5
	Cumberland Home		Telephone	GIA, HOND
	Building Contractor's Company	A	•	59493
		, NC 28335		License #
	Address O	1	Must sign & fill ou	
	Signature of Owner/Contractor	Officer(s) of Corpora	tion	t agoona pago
		Electrical P	ermit information	Amma TRale (1989)
	Description of Work New	Ser		Amps TPole yes no
	Wester + Pace	- Mana	Telephone	99.5389
	Electrical Contractor's Compan 5A6 Les lie Or. S		relephone	12007-U
	Address ~	arrioro , ···		License #
	William Wester			
	Signature of Officer(s) of Corpo	eration		
		<u>Mechanical F</u>	Permit Information	
	Description of Work	ω <u> </u>		
	Cool Springs He	afine & Air	919	ne 158-0415
	Mechanical Contractor's Compa		Telepho	ne
	200 Cool Spring	<u>:5 Kd. Brandi</u>	by, N.C. 27.	203 _1/372
	Address		•	License #
	Signature of Office of Commo	ration		
	Signature of Officer(s) of Corpo	Plumbing Pr	ermit information	
	Description of Work New			# Baths
	Description of Work		911	- 531-2111
	Curtis Fairclosh Plumbing Contractor's Company	Muybing v Name	Telephoi	ne
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del>.</del>	aschro, et	7269
	7/16/2 /2 / 2/4/4/4			, U - U - U - U - U - U - U - U - U - U
!		an , Hugy . R		License #
,	Address Fundam Fo	an , orag . s	28382	License #

914-486-8855

Telephone

**Insulation Permit Information** 

Tri-City Insulation 418 Person St. Insulation Contractor's Company Name & Address

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)  Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)		
Questionnaire per G.S. 87-14 Regulations as to local and the second seco		
Do you own the land on which the balance     Have you hired or intend to hire an individual to superintend and manage construction of theyesno		
nroiget?		
dispetly control & supervise construction activities.		
4. Do you intend to schedule, contract, or directly pay for all phases of construction to the schedule.		
done?		
done?  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 completion of construction and the you fraudulently secured the permit?		
completion of construction and do you understand that it yes presumption under law that you fraudulently secured the permit?		
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 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, contractors is correct as known to me and if any changes occur including listed contractors, site plan, contractors is correct as known to me and if any changes occur including listed contractors, site plan, contractors is correct as known to me and if any changes occur including listed contractors, site plan, contractors is correct as known to me and if any changes occur including listed contractors, site plan, contractors is correct as known to me and if any changes occur including listed contractors, site plan, contractors is correct as known to me and if any changes occur including listed contractors, site plan, contractors is correct as known to me and if any changes occur including listed contractors, site plan, contractors is correct as known to me and if any changes occur including listed contractors, site plan, contractors is correct as known to me and if any changes occur including listed contractors, site plan, contractors is correct as known to me and if any changes occur including listed contractors.		
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:		
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  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		
Company or Name: Cumberland Homes  Date: 1/20/2011		

Plan Box Number AA-	-	1055.0 How Cree fors
Required Inspections for SFA/S	SFD Appl. # <u>11</u> Valuation_ Sq. Feet	
Sequence		
10 10 10-30 20 20 20 20 30-999 30-999 30-999 40 40 40 40 40 40 40 40 60 60 60 60 60 60 60 60 60 60 60 60 60	R* Bldg. Footing R* Mono Slab R* Elec. Temp Service Pole Foundation Survey R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Final Four Trade Final Four Trade Final Three Trade Final Three Trade Final Three Trade Final Three Trade Final Two Trade Final Two Trade Final Two Trade Final	

One Trade Final > 2500 Envir. Operations Permit

60 999\_\_\_\_\_

**Harnett County Central Permitting** 

Re: Building Contractor's Company

Cumberland Homes, Inc.

Requesting removal of mechanical HVAC Contractor:

Owner is Phil Bryant

Cool Spring Service, Inc. License #1152; from our job and to add as our new mechanical HVAC Contractor:

Owner is Integrated Systems of the Triangle, LLC 107 ACC Blvd., Raleigh, NC 27617 License #18129.

Thank You,

**Danny Norris**