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

Application # 2591

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

Application for Residential Building and Trades Permit

21 1	
Owner's Name: Jed Brown Coust, MC	nu Ilalan
Site Address: Lot # 18 Tinker Place	Date: 1/19/201/
Directions to but the same	Phone: 910-892-4345
Distance of the second	fred Sifferford, (TL) and
10 Ali Super	Idy (IL) an Doughs
Acres Rd into S/D, dot on	Right
Subdivision: Tiken Place	Lot:
Description of Proposed Work: Juo Story	# of Bedrooms: 3
Heated SF: 484 Finished Bonus Room	? NA Crawl Space: Slab:
General Contractor Informa	tion Glab.
Ruiding Contrada Hades, INC.	910-892-4345
Building Contractor's Company Name	Telephone
Address Address	35 <u>jaannorris @century</u> link. Net Enail Address
	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	59493
/ Fiectrical Contractor Information	License #
Service Siz	ze: 200 Amps T-Pole: Yes No
Wester & Pare Heritain	919-499-5389
Electrical Contractor's Company Name	Telephone
546 Leslie Dr. Santord, NC 773.	
(I) I II II	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	12007-11
Mechanical/HVAC Contractor Info	License #
Description of Work New	Third On
Cool Spring Harlie is die	90 7/0 DUL
Mechanical Contractor's Company Marine	<u>919-258-0415</u> Telephone
2700 Cool Springs Rd. Brandway N.C. Z	Telephone Telephone
Address, Address, Madauty V.C. 27	Email Address
Signature 10	11547
Signature of Owner Contractor/Officer(s) of Corporation	License #
Description of Work Plumbing Contractor Information	lon — — — — — — — — — — — — — — — — — — —
	# Baths
Plumbing Contractor's Company Name	<u> 910-531 - 3111</u>
	Telephone
3036 Elizabethtown Muy Loseboro, NC 2	8387
was the state of the	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	7269
Insulation Contractor Information	License #
ti- (itt / Sulation 4/8 Percent Til Al	910-486-8855
Insulation Contractor's Company Name & Address	Telephone

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

	Homeowners Applying to Ruild Their Own Home				
	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)				
	Do you own the land on which this building will be constructed? YesNo				
	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 <u>any</u> 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. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per-current fee schedule.				
	Signature Owner/Contractor/Officer(s) of Corporation Date				
Γ	Affidavit for Worker's Compensation N.C.G.S. 87-14				
Γ	Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
	Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
	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 Oo hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work				
	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:				
ti	Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: General Contractor Owner Owner Ohereby 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.				
ti	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 On 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.				
ti	Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: General Contractor Officer/Agent of the Contractor or Owner On 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 overing themselves.				
th	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 Oo 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 overing themselves. Has no more than two (2) employees and no subcontractors. Thile working on the project for which this permit is sought it is understood that the Central Permitting epartment issuing the permit may require certificates of coverage of worker's compensation insurance prior issuance of the permit and at any time during the permitted work from any excess first a consent of the permit and at any time during the permitted work from any excess first a consent of the permit and at any time during the permitted work from any excess first a consent of the permit and at any time during the permitted work from any excess first a consent of the permit and at any time during the permitted work from any excess first a consent of the permit and at any time during the permitted work from any excess first a consent of the permit and at any time during the permitted work from any excess first a consent of the permit and at any time during the permitted work from any excess first				

Slab.

Plan E	3ox Nur	nber	<u> </u>	AI	
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Job Name Sed Brown

Date: 1-21-11

Required Inspections for SFA/SFD

Appl. # 1150025916 Valuation #148005 Sq. Feet 2278

Sequence

10	R* Bldg. Footing
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	Ťwo Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit

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