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

## Application #\_ 35920

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** 

| 1 1 11  |  |
|---|--|
| Owner's Name: Prominent Builders                        | Date: <u>///9/Z0/</u> /                                |
| Site Address: Lot #27 Tincen Place                      | Phone: 910-892-4345                                    |
| Directions to job site from Lillington: Take 27 West    | From Sillister (TZ) and                                |
| Timen Rd, (Th) an efficien Tower                        | Del (TI) and Nouche                                    |
| Acres Rd into SID.                                      | AG, CES AN EXIGES                                      |
|   | 17   |
|   | Lot:   |
| Description of Proposed Work:                           | # of Bedrooms: 3                                       |
| Heated SF: 1676 Monheated SF: 400 Finished Bonus Room?  | ✓ Crawl Space: Slab: _✓                                |
| General Contractor Information                          | <del>-</del>   |
| Building Contractor's Company Name                      | 910-892-4345   |
| P.O. Box 727 Dury N.C. 28335                            | Telephone  joannorris Century link. Net Entail Address |
| Address ( ) Junn , Jv. C. 28,335                        | Email Address  |
|   | 59493  |
| Signature of Owner/Contractor/Officer(s) of Corporation | License #  |
| Electrical Contractor Information                       | on   |
|   | ZOO Amps T-Pole: √YesNo                                |
| Electrical Contractor's Company Name                    | 919-499-5389   |
|   | Telephone  |
| 546 Jeslie Dr. Sanford, NC Z733                         |  |
| William Warfa   | Email Address  |
| Signature of Owner/Contractor/Officer(s) of Corporation | License #  |
| Mechanical/HVAC Contractor Inform                       |  |
| Description of Work New                                 |  |
| Cool Springs Heading & Air                              | 919-258-0415   |
| Mechanical Contractor's Company Mame                    | Telephone  |
| 2200 Cal Springs Rd. Bradway N.C. 273                   | 505  |
| Address   | Email Address  |
| Table Dynato  | 11547  |
| Signature of OwnerContractor/Officer(s) of Corporation  | License #  |
| Description of Work                                     |  |
|   | _# Baths   |
| Plumbing Contractor's Company Name                      | 910-531 - 3111   |
|   | Telephone  |
| Address . Seth town May Loseboro, NC Z                  | Email Address  |
| (inter-firedthe   | _7769  |
| Signature of Owner/Contractor/Officer(s) of Corporation | License #  |
| Insulation Contractor Informatio                        | <u>n</u>   |
| Loi- City Asulation 418 Person Fax, NC                  | 910-486-8855   |
| Insulation Contractor's Company Name & Address          | Telephone  |

| 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  |  |  |
| 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? YesNo  |  |  |
| 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.  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. |  |  |
| 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 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: Cauberland Stanles Inc.  Sign w/Title: And E. Norris / Causes Date: 1/9/2011  |  |  |

| Plan Box Number | A | AI |  |
|-----------------|---|----|--|
|-----------------|---|----|--|

Job Name B Prominent Blds

Date: 1-21-11

## Required Inspections for SFA/SFD

Appl. # 1150025920 Valuation # 131957 Sq. Feet 2031

## Sequence

| 10     | R* Bldg. Footing             |
|--------|------------------------------|
| 10-30  | R* Elec. Temp Service Pole   |
| 20     | R* Building Foundation       |
|        | Address Confirmation         |
| 20     | _                            |
| 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     |

4/15/11

25920

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**