* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 25923

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	THE TOTAL STREET
Owner's Name: Prominent Builders	Date: 1/20/2011
Site Address: Lat #29 Tinger Place	Phone: 910-892-4345
Directions to job site from Lillington: Take 77 West	Frank Xillintal (TZ) and
Timen Rd (Th) and whicro Tower	Rd (The of Nouche
Acres Rd into S/D. Lot and Rich	of
Subdivision: Tinken Place	Lot: <u>19</u>
Description of Proposed Work: Ranch w/ Barlus	# of Bedrooms: 3
Heated SF: 1694 Wunheated SF: 440 Finished Bonus Room	# Of Bedrooms.
General Contractor Information	on Crawi Space: Siab:
Cumberland Hades, loc.	910-892-4345
Building Contractor's Company Name	
Address Dunk, N.C. 28335	joannorris @certurylisk.
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	
/ Electrical Contractor Information	on
Description of Work New Service Size:	200 Amps T-Pole: √YesNo
Electrical Contractor's Company Name	919-499-5389
546 Zeslie W. Sanford NC 773	Telephone
546 Leslie Dr. Sanford, NC 7733	Front Add
William Warfor	Email Address 12007- U
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contractor Inform	nation
Description of Work New	
Mechanical Contractor's Company Marine	<u>919-258-0415</u> Telephone
	Telephone
2200 Cool Springs Ad. Brandway N.C. 273	
Par Bush	Email Address
Signature of Owner Contractor/Officer(s) of Corporation	
/ Plumbing Contractor Informatio	<u>n</u>
Description of Work	_# Baths
Dumbing Satratoth Plumbing	910-531 - 3111
Plumbing Contractor's Company Name	Telephone
Address 2 2 Address 200 All 78	387
Carlos Tarable	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	7269 License #
Insulation Contractor Information	<u>1</u>
Insulation School Assulation 418 Person Tax, NC	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 Build Their Own Please answer the following questions then see a Permit Technician to determine if you qualify for Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Mer	permit under Own	ers Exemption. On request)		
	Do you own the land on which this building will be constructed?	Yes _			
	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 conse months following completion of construction and do you understand that you do not do so, it creates the presumption under law that you fraudule secured the permit?	t if	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. 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 of Owner/Contractor/Officer(s) of Corporation Date					
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:					
	General Contractor Owner Officer/Agent of the Co	ontractor or Ow	ner/		
	Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate for the permit:	ration(s) perfor	ming the work		
_	Has three (3) or more employees and has obtained workers' compensation	on insurance to	cover them.		
ŧ	Has one (1) or more subcontractors(s) and has obtained workers' comper				
_	Has one (1) or more subcontractors(s) who has their own policy of worker covering themselves.	's' compensatio	on insurance		
_	Has no more than two (2) employees and no subcontractors.				
t	While working on the project for which this permit is sought it is understood that to be partment issuing the permit may require certificates of coverage of worker's consistency of the permit and at any time during the permitted work from any persuarrying out the work.	omneneation in	auranaa nrian		
0	company or Name: Camberland Stones Inc.				
3	Sign w/Title: 1 and E. Norris / Owner Date: 1/20/2011				

Plan Box Number AA-/

Job Name Cumberland Hours

Date: 125-11

Required Inspections for SFA/SFD

Appl. # 11.5 25927 Valuation \$142,938 Sq. Feet 2200

Sequence

10	R* Bldg. Footing	
10-30	R* Elec. Temp Service Pole	
20	R* Building Foundation	
20	Address Confirmation	
30-999		
30-999	R* Bldg. Slab Insp. Sten Slab	
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		
40	Three Trade Rough In> 2500	
40	Two Trade Rough In	
40	Two Trade Rough In> 2500	
40	One Trade Rough In	
50	One Trade Rough In > 2500 R* Insulation	
60	Four Trade Final	
60		
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	
999	One Trade Final > 2500	
777	Envir. Operations Permit	

Jennifer Brock

From:

Joan Norris <joannorris@centurylink.net>

Sent:

Thursday, April 28, 2011 12:16 PM

To:

Jennifer Brock

Subject:

RE: appl #

Attachments:

Image (163).jpg

From: Jennifer Brock [mailto:jbrock@harnett.org]

Sent: Thursday, April 28, 2011 12:01 PM

To: 'Joan Norris' Subject: RE: appl #

Hey,

Can you go into the email and add the address and license number for the new contractor.

From: Joan Norris [mailto:joannorris@centurylink.net]

Sent: Thursday, April 28, 2011 11:31 AM

To: Jennifer Brock **Subject:** appl #

Jennifer,

I need to change H/A for these App # to Integrated System of the Triangle, LLC

Tinge Place	Lot #
11-50025948	12
11-50025922	29
11-50025923	30
11-50025924	32
11-50025952	13
11-50025955	14
11-50025954	15

Faxing signed form to you.

Thank You, Joan Norris 4/15/11

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