* 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		
Owner's Name: Classic Home Creations	Z/c. Date: 1/20/2011	
Site Address: Lot #30 Tingen Plane	Phone: 910-892-4345	
	fred Sillister (TZ) and	
Timen Rd, (Th) an whicro Tower		
Acres Rd into S/D, Lot of	Loft	
Subdivision: Tiken Place	Lot:30	
Description of Proposed Work:	# of Redrooms: 3	
Heated SF: 1348 Unheated SF: 440 Finished Bonus Room	Crawl Space: Slab:	
General Contractor Informa	tion	
Building Contractor's Company Name	_ <i>9/0-89Z - 43.45</i> Telephone	
P.O. Box 727 Durly N.C. 283	Telephone Joannorris Ccentury link. 1. Email Address	
Address	Enfail Address	
Signature of Owner/Contractor/Officer(s) of Corporation		
Electrical Contractor Informa	ition	
Wester & Page Fleeting Service Size	ze: 200 Amps T-Pole:YesNo	
Electrical Contractor's Company Name	<u>9/9-499-5389</u> Telephone	
546 Leslie Dr. Sanford NC 773	32	
Address)	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	12007- U License #	
Mechanical/HVAC Contractor Info	ermation	
Description of Work New		
Mechanical Contractor's Company Marine	<u>919-258-0415</u> Telephone	
2200 Cool Springs Rd. Brandway N.C. Z.	Telephone	
Address, Add	Email Address	
Signature of Degrado -	_//54Z	
Signature of OwnerContractor/Officer(s) of Corporation Plumbing Contractor Information	License #	
Description of Work	# Baths	
Curtis Faircloth Plumbing	910-531 - 3111	
Plumbing Contractor's Company Name	Telephone	
Address Address Aug Rosebaro NC	78387	
ustra Tarabolle	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation		

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

Insulation Contractor Information

Insulation Contractor's Company Name & Address

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? 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. Signature of Owner/Contractor/Officer(s) of Corporation Date		
Signature of Owner/Contractor/Officer(s) of Corporation Date		
Signature of Owner/Contractor/Officer(s) of Corporation 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		
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 Do 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:		
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		
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.		
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.		
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.		

Plan Box Number AA /

Job Name Cunterland Homes

Date: __/.25-//

Required Inspections for SFA/SFD

Appl. # 1/-5-25923 Valuation <u># 109,672</u> Sq. Feet 1688

Sequence

10	D+ D11
10-30	R* Bldg. Footing
20	R* Elec. Temp Service Pole
	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	
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: Subject: Jennifer Brock 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

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