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

Application

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: Silverado Horses //c		
Site Address 7 1 4 11	Date: _/620/2011	
Direction of the second of the	Phone: 910-892-4345	
live ()	real Silipport, ID and	
10 All WILLIAM TOWER	Rg. (72) an Doughs	
and all all		
Subdivision: Tingen Place	Lot:	
Description of Proposed Work: Two Stary	# of Bedrooms: 3	
Heated SF: 40 Finished Bonus Room?	Crawl Space: State	
Solidar Contractor information	1 _	
Building Contractor's Company Name	<u>910-892-4345</u> Telephone	
P.O. Box 727 Audal All 70220		
Address	Telephone joannorris @ certury/ink. // Epiail Address	
Signature of Owner/Contracts (Office)	59493	
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information	License #	
Description of Work New Service Size:	ZOO Amps T-Pole: YesNo	
LUCSTER & MARIE LIANTAIN	919-499-5389	
Electrical Contractor's Company Name	T-11	
546 Leslie Dr. Santord, NC 2733		
William Works	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	12007-U License #	
Mechanical/HVAC Contractor Information	ation	
Description of Work New		
Mechanical Contractor's Company Marine	<u>919-258-0415</u> Telephone	
2200 Cool Springs Ad. Brandway N.C. 2750	Telephone	
Address, Address, Draduay, N.C. 2750	25	
Park Break	Email Address	
Signature of OwnerContractor/Officer(s) of Corporation		
Description of Work Plumbing Contractor Information	41/	
	# Baths_Z/Z	
Plumbing Contractor's Company N	910-531 - 3111	
	Telephone	
Address		
Carl I a salate	mail Address	
Signature of Owner/Contractor/Officer(s) of Corporation	icense #	
Insulation Contractor Information	—	
Insulation Contractor's Company Name & Address	910-486-8855	
	elephone	

*NOTE: General Contractor must fill out and sign the second page of this 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)				
	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 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.				
t	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 hem.				
	Has one (1) or more subcontractors(s) and has obtained workers' assessment in				
	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover Has one (1) or more subcontractors(s) who has their own policy of workers' assessment in the contractors of the contractors o				
	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover hem. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance overing themselves.				
	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover hem. 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. While working on the project for which this permit is sought it is understood that the Central Permitting the permit 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.				

Plan Box Number	AA-1
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Job Name Counterland Homes

Date: 1-25-11

Required Inspections for SFA/SFD

Appl. #<u>//-5-25924</u> Valuation_/<u>30,538</u> Sq. Feet_<u>2009</u>

Sequence

10	R* Bldg. Footing	
10-30	R* Elec. Temp Service Pole	
20	R* Building Foundation	15 11
20	Address Confirmation	Stem Slab
30-999	Open Floor	
ع <u>ر</u>	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	Two Trade Final	
60	Two Trade Final > 2500	
60	One Trade Final	
60	One Trade Final > 2500	
999	Envir. Operations Permit	
	Envir. Operations remit	

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

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