* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Exterect 5/11

Application # 1150035948

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

	1/10/2011
Owner's Name: <u>Curlberland</u> Horles, INC.	Date: 1/19/20//
Site Address: Tot # 12 Tingen Place	Phone: 910-892-4345
Directions to job site from Lillington: Take 27 West for	rd Sillippan, (TL) and
Tixed Rd. (The on whicro Tower &	d, (TL) an Douglas
Acres Rd into S/D.	
Subdivision: Tiken Place	Lot:
Description of Proposed Work: Two Story w/ Barus	# of Bedrooms:
Heated SF: <u>/ 820</u> Unheated SF: <u>480</u> Finished Bonus Room? <u>3</u> General Contractor Information	Crawl Space: Slab:
Sucharland Hoder lake	910-892-4345
Building Contractor's Company Name	Telephone
PO Box 727 DUNN N.C. 28335	Telephone <u>joannorris @ century</u> link. Net Entail Address
Address	Email Address
	59493
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information	License #
Description of Work Service Size:	ZOO Amps T-Pole:YesNo
Wester & Pace Electric	919-499-5389
Electrical Contractor's Company Name	Telephone
546 Leslie Dr. Sartord, NC Z733	
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	/2007 - U License #
Mechanical/HVAC Contractor Information	
Description of Work	
Cool Springs Meaning & Air	919-258-0415
Mechanical Contractor's Company Mame	Telephone
2200 Col Springs Rd. Brandway N.C. 275	05
Address	Email Address
The Drype	11542
Signature of Owner Contractor/Officer(s) of Corporation Plumbing Contractor Information	License #
Description of Work New	# Baths
Curtis Faircloth Plumbing	910-521-3111
Plumbing Contractor's Company Name	Telephone
5056 Elizabethtown May Rosebaro, NC 28	387
Address ,	Email Address
astro-Tarolotte	7269
Signature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Information	License #
Tie Police In Ille VIII De IT IN	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 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? YesNo		
	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 of Owner/Contractor/Officer(s) of Oerporation Date			
	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 fortien 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.		
	Company or Name: Camberland Soules Inc.		
	Sign w/Title: 4 addy E. Narris / Ourses Date: 1/19/2011		

Plan Box Number /	AA-	J
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Job Name Cumbulad Hones

Date: 1-210-11

Required Inspections for SFA/SFD

Appl. # 1/-5-25948 Valuation 149, 435 Sq. Feet 2300

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	
60	Three Trade Final > 2500 Two Trade Final
60	
60	Two Trade Final > 2500
60	One Trade Final
999	One Trade Final > 2500
	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

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