* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.hamett.org/permits

Application # 150925952

g/permits Extension # 135/11

rades Permit

	Application	for Resident	al Building a	and Trades	<u>Permi</u>
--	-------------	--------------	---------------	------------	--------------

1 1 1 1 1/11 //12	Date: 1/19/2011
Owner's Name: Lunberland Homes, INC.	· .
Site Address: Not # 13 Tingen Place	Phone: 910-892-4345
Directions to job site from Lillington: Take 27 West A	rand Silipport, (TZ) and
Timen Rd. (The on which Tower	Rd. (TD) an Doughs
Acres Rd into SID, Lot on Left	0
Subdivision: Tiked Place	Lot:
1 / 1	# of Bedrooms: 3
Heated SF: 5765 Unheated SF: 1691 Finished Bonus Room General Contractor Information	oo ar Crawi Space: Siab
General Contractor Information	910-892-4345
Building Contractor's Company Name	Telephone
Building Contractor's Company Name P.O. Box 727 Dunn, N.C. 28.335 Address	imanoria ? certury link.
Address	Enail Address
	/ 1 / -/ / -/ /
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Description of Work Description of Work Description of Work	<u>200</u> Amps T-Pole: <u>V</u> YesNo
7	919-499-5389
Wester = Pace Electric Electrical Contractor's Company Name	Telephone
546 Leslie Dr. Saxford, NC Z733	
Address) //	Email Address
William Wester	12007-U
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contractor Inform	nation
Description of Work New	010 m 101 011 m
Mechanical Contractor's Company Marine	919-258-0415 Telephone
Mechanical Contractor's Company Marine	Telephone
2200 Cal Springs Rd. Bradway N.C. 273	Frail Address
Address	Email Address
Signature of Owner Contractor/Officer(s) of Corporation	
Plumbing Contractor Informatio	
Description of Work	# Baths
Curtis Faircloth Plumbing	910-531 - 3111
Plumbing Contractor's Company Name	Telephone
5056 Elizabethtown May Roseboro NC Z	3387
Address	Email Address
Custo Tarstotle	7269
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	910-486 - 8855
Insulation Contractor's Company Name & Address	Telephone
minument by manager a company manager and manager	p

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

Homeowners Applying to Build Their Please answer the following questions then see a Permit Technician to determine if you q Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permi	ualify for permit under Owners Exemption.
1. Do you own the land on which this building will be constructed	? Yes No
2. Have you hired or intend to hire an individual to superintend as manage construction of the project?	nd Yes No
3. Do you intend to directly control & supervise construction activ	ities? Yes No
4. Do you intend to schedule, contract, or directly pay for all phase construction work to be done?	es ofYes No
5. Do you intend to personally occupy the building for at least 12 months following completion of construction and do you understar you do not do so, it creates the presumption under law that you fre secured the permit?	nd that if
I hereby certify that I have the authority to make necessary application, and that the construction will conform to the regulations in the Build Mechanical codes, and the Harnett County Zoning Ordinance. I state contractors is correct as known to me and if any changes occur includin number of bedrooms, building and trade plans, Environmental Health pe changes, I certify it is my responsibility to notify the Harnett County Cer any and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$15 is as per current fee schedule. Signature of Owner/Contractor/Officer(s) of Corporation Date	ing, Electrical, Plumbing and the information on the above ing listed contractors, site plan, rmit changes or proposed use intral Permitting Department of
Affidavit for Worker's Compensation N. The undersigned applicant being the:	C.G.S. 87-14
General Contractor Owner Officer/Agent of	the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or set forth in the permit:	corporation(s) performing the work
Has three (3) or more employees and has obtained workers' compe	ensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtained workers' c	ompensation insurance to cover
Has one (1) or more subcontractors(s) who has their own policy of vovering themselves.	workers' compensation insurance
Has no more than two (2) employees and no subcontractors.	
While working on the project for which this permit is sought it is understood Department issuing the permit may require certificates of coverage of work to issuance of the permit and at any time during the permitted work from arcarrying out the work.	odo componentiam incomence and a city
Company or Name: Camberland Soules Inc	
Sign w/Title: 1 and E. Norris / Junger	Date: 1/19/2011

Plan Box Number AAJ

Job Name Cumbuland Hours

Date: 1-26-11

Required Inspections for SFA/SFD

Appl. # 11-5-25952 Valuation #147,486 Sq. Feet 2270

Sequence

10	Dik Dilation of
10-30	R* Bldg. Footing
20	R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
	- Open Floo r
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
60	Two Trade Final
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

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