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

Extered Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.hamett.org/permits Application # 1150035954

Application for Residential Building and Trades Permit

ANC Il and Il	Just 1	
Owner's Name: 205 Homes, 2/c.	Date: _///9/20//	
Site Address: Lot # 15 Tingen Place	Phone: 910-892-4345	
Directions to job site from Lillington: Take 27 West	from Sillistan (T2) and	
Lixen Rd. (Th) an Alicro Tower	Rd. GD an Douglas	
Acres 2d into S/D. Lot on 2	Pichet	
Subdivision: Tiken Place	Lot:	
Description of Proposed Work: Two Story	# of Bedrooms:	
Heated SF: 1620 Unheated SF: 440 Finished Bonus Room? General Contractor Informati	on Crawi Space: Slab:	
Cumberland Haves. Isc.	910-892-4345	
Building Contractor's Company Name		
P.O. Box 727 Sund N.C. 2833	Telephone Jeannorris Certury link. // Email Address	
Address	Email Address	
	59493 License #	
Signature of Owner/Contractor/Officer(s) of Corporation		
Description of Work Electrical Contractor Informat Service Size	<u>ion</u> e: <u>Z00</u> Amps T-Pole: √YesNo	
Wester & Dear Flacking		
Electrical Contractor's Company Name	<u>9/9- 499 - 5389</u> Telephone	
546 Leslie Dr. Saxford, NC 773	ZZ	
Address)	Email Address	
Willrad Wester	12007-11	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Mechanical/HVAC Contractor Information		
Description of Work New		
Cool Springs Heading 2 Air	<u>919-258-0415</u> Telephone	
Mechanical Contractor's Company Marine	Telephone	
2200 Cool Springs Rd. Smodury N.C. 79 Address,	505	
Parl Brown	Email Address	
Signature of Owner Contractor/Officer(s) of Corporation		
/ Plumbing Contractor Informati	on ,	
Description of Work	# Baths Z 1/Z "	
Curtis Faircloth Plumbing	910-531 - 3/11	
Plumbing Contractor's Company Name	Telephone	
5056 Elizabethown May Roseboro NC 2	8387	
Address	Email Address	
Custo Tarslotte	7269	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor Information		
Insulation Contractor's Company Name & Address	910-486-8855	
Manual Ophicación a Company Manie & 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? Yes No		
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. Signature of Owner/Contractor/Officer(s) of Corporation Date		
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:		
Signature of Owner/Contractor/Officer(s) of Corporation Date Affidavit for Worker's Compensation N.C.G.S. 87-14		
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: 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.		
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 12

Job Name Cumberland House

Date: 2 - 9 - 11

Required Inspections for SFA/SFD

Sq. Feet Zoog

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	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

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 #
	negral I
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