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

Application # 11-50027613

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Cumberland Homes, In	2 - 1. /2/ /1
Site Address Vol.	Date: 10/26/11
Directions to job site from Lillington: The Suntaint	Phone: 910 - 892 - 4345
Buttaloe Lakes Il To al	Xillington, (72) an
which wire	to Tower & (T)
INTO S/D, DR) god Silver thorne D	codet a end of Cille
Subdivision: The Surger +	Lot: _86
Description of Proposed Work: New Sinck Tan	1/1
Heated SF: 1979 Unheated SF: 469 Finished Bonus Room? General Contractor Informat	# of Bedrooms: 3
General Contractor Informat	Crawl Space: Slab:
Cumper land land la	<u></u>
Building Contractor's Company Name	910 - 892 - 4345 Telephone
P.O. Box 727 DUNN N/ 1822-	•
Address Address	Email Address
3	_59493
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Informat	ion
Jet vice Size	E. 200 Amps T-Pole: Yes No
Electrical Contractor's Company Name	919-499-5389
546 deslie Dr. Sanfard NC	Telephone
Address, 11	$-\mathcal{N}/\mathcal{A}$
William Alondon	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	12007-U
Mechanical/HVAC Contractor Information	License #
Description of Work Sincle Family	mation
Mechanical Systems of the Triangle, LIC	an arm
Mechanical Contractor's Company Name	C. 919-957-1478 Telephone,
107 ACC Blad De laich NC 701/10	relephone,
Address Address	Email Address
It Mushall	18/29
Signature of Owner/Contractor/Officer(s) of Corporation	License #
/ Plumbing Contractor Information	n /
Description of Work New Single Family	# Baths 2/2
Juntis Faircloth Plumbing	910-531-3111
Plumbing Contractor's Company Name	Telephone
5056 Elizabethtown Sux Roseboro, NC	1/1/
Tuliess /	Email Address
gnature of Owner/Contractor/Officer(s) of Corporation	7269
Insulation Contractor Land	licence #
Insulation Contractor Information	
sulation Contractor's Company Name & Address	910-486-8855
18 Person St. Tayethille, NC	Telephone
*NOTE: General Contractor must fill out and a	

	Homeowners Applying to Duill Till 1
q	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
	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?
Ł	Yes No
	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, 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
Т	Affidavit for Worker's Compensation N.C.G.S. 87-14 he undersigned applicant being the:
-	General Contractor Owner Officer/Agent of the Contractor or Owner
D se	o hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work
-	Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
the	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover
co	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance vering themselves.
_	Has no more than two (2) employees and no subcontractors.
Wh Dep to is carr	ile working on the project for which this permit is sought it is understood that the Central Permitting partment issuing the permit may require certificates of coverage of worker's compensation insurance prior sound out the work.
Cor	npany or Name:
Sign	w/Tifle: 1 Date: 10/316/11