

* 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.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Cumberland Homes Inc Date: 12-9-11
Site Address: Lot #15 OXFORD Woods Phone: _____
Directions to job site from Lillington: ~~1210~~ thru Angier T.R. on Old Stage Rd Subdivision on Right

Subdivision: OXFORD Woods Lot: 15
Description of Proposed Work: New Single Family # of Bedrooms: 3
Heated SF: 1722 Unheated SF: N/A Finished Bonus Room? N/A Crawl Space: _____ Slab: X

General Contractor Information

Cumberland Homes, Inc. 910-892-4345
Building Contractor's Company Name Telephone
P.O. Box 727 Dunn, NC 28335 janorris@centurylink.net
Address Email Address
[Signature] 59493
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information

Description of Work New Single Family Service Size: 200 Amps T-Pole: Yes No
Integrated Systems of the Triangle, LLC. 919-957-1478
Electrical Contractor's Company Name Telephone
7429 ACC Blvd. Raleigh, NC 27617 N/A
Address Email Address
[Signature] 18162
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical/HVAC Contractor Information

Description of Work New Single Family
Integrated Systems of the Triangle, LLC. 919-957-1478
Mechanical Contractor's Company Name Telephone
7429 ACC Blvd. Raleigh, NC 27617 N/A
Address Email Address
[Signature] 18129
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information

Description of Work New Single Family # Baths _____
Curtis Faircloth Plumbing 910-531-3111
Plumbing Contractor's Company Name Telephone
5056 Elizabethtown Hwy, Roseboro, NC 28382 N/A
Address Email Address
[Signature] 7269
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

Tri-City Insulation 418 Person St. 910-486-8855
Insulation Contractor's Company Name & Address Fayetteville, NC 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)

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 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.

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:

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 carrying out the work.

Company or Name: Cumberland Homes, Inc.

Sign w/Title: (Owner) [Signature] Date: 12-9-11

Oxford Woods # 15

Plan Box # AA-1

Date 12-9-11
Job Name Completed Home

App # 1150027783 Valuation \$140,469 SQ Feet 2162

Inspections for SFD/SFA

Crawl _____

Slab X

Mono _____

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 _____

>2500 _____

>2500 _____

Foundation Survey No

Envir. Health Yes

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____