

Application # 1250028122

* 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: Silverado Homes LLC Date: 1/3/2012
Site Address: Lot # Ashford Phone: 910-892-4345
Directions to job site from Lillington: 27 West out of Lillington; (TL) on NC 24; (TR) on Sparks Rd; (TL) into S/D on Ashford Way, Lot on Left
Subdivision: Ashford Lot: 37
Description of Proposed Work: Two Story w/ Rec. (ASF) # of Bedrooms: 4
Heated SF: 2545 Unheated SF: 506 Finished Bonus Room? N/A Crawl Space: Slab:

General Contractor Information

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

Electrical Contractor Information

Description of Work New Residential Service Size: 200 Amps T-Pole: Yes No
Wester & Pace Electric 919-499-5389
Electrical Contractor's Company Name Telephone
546 Leslie Dr. Sanford, NC N/A
Address Email Address
William Wester 12007-U
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. 919-714-2869
Mechanical Contractor's Company Name Telephone
107 ACC Blvd., Raleigh NC 27617 N/A
Address Email Address
Phillip Jones #29032
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information

Description of Work New Residential # Baths 2 1/2
Curtis Faircloth Plumbing 910-531-3111
Plumbing Contractor's Company Name Telephone
5056 Elizabethwood Hwy. Roxboro, NC N/A
Address Email Address
Curtis Faircloth 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 Telephone
Fay, NC

*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

1/3/2012
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) Date: 1/3/2012

Plan Box # AA2

Date 1-5-12

Job Name Cumberland Homes

App # 1250028122

Valuation 197,903

SQ Feet 3046

Inspections for SFD/SFA

Crawl _____

Slab

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 _____

Envir. Health _____

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____