

* 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 # 12-50029413

Application for Residential Building and Trades Permit

Owner's Name: Craftsmen Construction Date: 7/17/12
Site Address: Lot #22 Carolina Seasons Phone: 910-892-4345
Directions to job site from Lillington: 27 W from Lillington, (TR) on Johnsonville School Rd, (TR) on Panderosa Rd, (TL) into S/D, (TR) on Fern Ridge, (TR) on Green Links, (TL) on Spring Flowers, (TL) on Lot #22.
Subdivision: Carolina Seasons Lot: 22
Description of Proposed Work: NSF # of Bedrooms: 3
Heated SF: 2329 Unheated SF: 480 Finished Bonus Room? 360 Crawl Space: Slab: ✓

ENTERED

General Contractor Information

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

Electrical Contractor Information

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

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

Description of Work: New Residential # Baths: 2 1/2
Curtis Faircloth Plumbing Telephone: 910-531-3111
Plumbing Contractor's Company Name
5056 Elizabeth Road Hwy. Roxboro, NC Email Address:
Address
Curtis Faircloth License #: 7269
Signature of Owner/Contractor/Officer(s) of Corporation

Insulation Contractor Information

Tri-City Insulation Telephone: 910-486-8855
Insulation Contractor's Company Name & Address: 418 Person St. Tay, 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

7/17/12
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: 7/17/12