Each section below to be filled out for the filled out filled out

## Application #\_ 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 Houes, To	Date: 7/23/12
Site Address Lot #113 Carolina Seasons	Phene: 910-892-4345
44 1 1	1 / / /
	actor, (X) on cromsonville
1 11/1 macrosa ka	(1) (n/o 3/D)(12)
an Wildwood Light, Let on	Zelf
Subdivision: _arolina seasons	Lot:
Description of Proposed Work:	# of Bedrooms:
Heated SF: 1855 Inheated SF: 180 Y Finished Bonus Room?	250 Crawl Space: Slab:
General Contractor Informati	<u>on</u>
Cumberland Homes, lsc.	910-892-4345
Building Contractor's Company Name	Telephone
2.0. Box 727 DWN, NC 28335	joannorris Centurylink. net
audicos 1	⊕mail Address
Signature of Owner/Contractor/Officer(s) of Corporation	59493
/ Electrical Contractor Informati	License #
Description of Work New Residential Service Size	Amps T-Pole: YesNo
Wester & Pace Electric	919-499-5389
Electrical Contractor's Company Name	Telephone
546 Leslie Dr. Saxford, NC	N/A
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	12007-11.
Mechanical/HVAC Contractor Inform	License #
Description of Work Lew Residential	THE CONT
	919-957-1478
Mechanical Contractor's Company Name	Telephone
107 ACC Blyd Lakerh NC 27617	TO SEPTION S
Address //	Email Address
The retards	18129
Signature of Own (Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Informatio	3//3
Description of Work New Residential	# Baths X /X
Curtis Laircloth Plumbing	910-531-3111
Plumbing Contractor's Company Name	Telephone
5056 Elizabethtown Mwy. Kaseboro, NC	F
Address Fair of He	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
Tri-City Wesulation 418 Person St.	910-486-8855
nsulation Contractor's Company Name & Address	Telephone

\*NOTE: General Contractor must fill out and sign the second page of this application.

	Please answer the following questions then see a Permit Technician to determine if you qualify for permit Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo	ermit under Ow	ners Exemption. pon request)
	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 consecumenths following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulent secured the permit?	•	No
	I hereby certify that I have the authority to make necessary application, that the and that the construction will conform to the regulations in the Building, Elec Mechanical codes, and the Harnett County Zoning Ordinance. I state the inforcontractors is correct as known to me and if <u>any</u> changes occur including listed on number of bedrooms, building and trade plans, Environmental Health permit charchanges, I certify it is my responsibility to notify the Harnett County Central Perrany and all changes.  EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. As is as per current fee schedule.	ctrical, Plum mation on t contractors, nges or prop nitting Depa	abing and he above site plan, losed use artment of
	Signature of Owner/Contractor/Officer(s) of Corporation  Date	12	
		12 87-14	
	Signature of Owner/Contractor/Officer(s) of Corporation  Date  Affidavit for Worker's Compensation N.C.G.S.		wner
	Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compensation N.C.G.S.  The undersigned applicant being the:	tractor or Ov	
	Affidavit for Worker's Compensation N.C.G.S.  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Con  Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate	tractor or Ov	rming the work
	Affidavit for Worker's Compensation N.C.G.S.  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Con  Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate set forth in the permit:	tractor or Ovi ion(s) perfor	rming the work
1	Affidavit for Worker's Compensation N.C.G.S.  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Contractor Owner Officer/Agent of the Contract of perjury that the person(s), firm(s) or corporate set forth in the permit:  Has three (3) or more employees and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation	tractor or Ovicion(s) perforing the insurance to attion insurance.	cover them.
1	Affidavit for Worker's Compensation N.C.G.S.  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Contractor Owner officer/Agent of the Contractor that the person(s), firm(s) or corporate set forth in the permit:  Has three (3) or more employees and has obtained workers' compensation them.  Has one (1) or more subcontractors(s) and has obtained workers' compensation them.	tractor or Ovicion(s) perforing the insurance to attion insurance.	cover them.
- \C	Affidavit for Worker's Compensation N.C.G.S.  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Condon bereby confirm under penalties of perjury that the person(s), firm(s) or corporate set forth in the permit:  Has three (3) or more employees and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation them.  Has one (1) or more subcontractors(s) who has their own policy of workers' covering themselves.	tractor or Ovicion(s) performance to ation insurance to compensation compensation in the pensation in the compensation in the	cover them.  Ince to cover  Incoming the work
	Affidavit for Worker's Compensation N.C.G.S.  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Con  Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate set forth in the permit:  Has three (3) or more employees and has obtained workers' compensation  Has one (1) or more subcontractors(s) and has obtained workers' compensation.  Has one (1) or more subcontractors(s) who has their own policy of workers' 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 Department issuing the permit may require certificates of coverage of worker's come to issuance of the permit and at any time during the permitted work from any person	tractor or Ovicion(s) performance to ation insurance to compensation compensation in the pensation in the compensation in the	cover them.  Ince to cover  Incoming the work