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

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 1	Trades Permit
and the state of the	110 4/21/11
Owner's Name: Lassic Hoffe Creations	Date: 8/31/18
Site Address: Xot # 39 Ashetord	Phone: 9/0-891-4345
Directions to job site from Lillington: 2/ West out	+ Xillington; (TU) on
NC 24: TR) or Marks Rd: TS	into SID ON
Ashelord Way: Jut on John	
Subdivision: Ashelord	Lot:19
Description of Proposed Work:	# of Bedrooms: 3
Heated SF 248 Unheated SF: 570 Finished Bonus Room?	842 Crawl Space: Slab:
General Contractor Informatio	
Cumberland Stanes, Sic.	910-892-4345
Building Contractor's Company Name	Telephone
P.O. Box 727 Durn, NC 28335	Telephone joannorrise centurylink. ne
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	59493 License #
/ Electrical Contractor Information	on
Description of Work New Residential Service Size	Amps T-Pole: YesNo
Wester & Pace Electric	919-499-5389
Electrical Contractór's Company Name	Telephone
Address / Dr. Santord, NC	Email Address
With War har	12007-11.
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contractor Inform	nation
Description of Work New Sincle Family Re	sidential_
externated systems of the Triangle, Lic.	919-714-2869
Mechanical Contractor's Company Name	Telepin
Address All DVa, Kalejth NC X 161	Email Address
Address	
Signature of Own Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Informatio	
Description of Work New Residential	# Baths 2 12
Curtis Faircloth Plumbing	910-531-3111
Plumbing Contractor's Company Name	Telephone
5056 Elizabethour Muy. Roseboro, NC	
Address Friedly	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	1
Tri-City Musulation 418 Person St.	910-486-8855
Insulation Confractor's Company Name & Address	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		
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.	
t	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover hem.	
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 is issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.		
	ompany or Name: Lumberland, Houses, lic	
	ign w/Title	