Fach section below to be filled out by whomever performing work. Must be owner or ilcensed contractor. Address, company Application # Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Phone 910-893-7525 Fax 910-893-2793 www.harnett.org name & phone must match information on license. Application for Residential Building and Trades Permi Description of Proposed Work: Heated SF 2366 Unheated SF #Bedrooms: Finished Rec Room?_ Crawl Space () Slab General Contractor Informa Cumberland Homes 910-892-4345 Building Contractor's Company Name Telephone PO BOX 727 Dunn , NC 28335 Address Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page Electrical Permit Information Description of Work New Service Size: 200 _Amps TPole yes/no Wester + Pace 919-499-5389 Electrical Contractor's Company Name Telephone 546 Leslie Or. Sanford, NC. 27330 Address -William Wester Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work New CERTIED Mechanical Contractor's Company Name Address Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work New RESIDENTAL CURTIS FAIRCLOTH PLUMBING Plumbing Contractor's Company Name Telephone EEZABETH TOWN HWY DSEBORD NC Signature of Officer(s) of Corporation **Insulation Permit Information** INSULATING INC. 5902 FAYETEVILLE 120

27603

Insulation Contractor's Company Name & Address RALEIGH NC

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)
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
yes110
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.
Signature of Owner/Contractor/Officer(s) of Corporation Date Date
Signature of Owner/Contractor/Officer(s) of Corporation Date
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Affidavit for Worker's Compensation N.C.G.S. 87-14
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
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.
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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

Application #_____

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 321183

Filed on: 07/09/2015

Initially filed by: cumberlandhomes

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com thatp://www.liensux.com/

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC

27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (mailto support@liensnc.com)

Property Type

17 Breezeway Lane Cameron, NC 28326

Harnett County

Seasons

Project Property

Parcel #09956702 0006 17 Lot 18 Carolina

1-2 Family Dwelling

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Cumberland Homes, Inc. 108 Commerce Drive Dunn, NC 28334 United States Email: joannorris@centurylink.net Phone: 910-892-4345

View Comments (0)

Technical Support Hotline: (888) 690-7384

Plan Box #/	RT	Date	Pumbialan
		Job Name	
App #_1550	035586	Valuation 250, 224	Heated SQ Feet 23
			Garage 6
Inspections for SF	D/SFA		= 299
Crawl	Slab_V_	Mono	Basement
Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
		, s * * *	Final
Foundation Survey	_\ E	nvir. Health $\underline{\cap} \in \mathcal{N}$	Other
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P.O. BOX 65 LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. . Subdivision Name CAROLINA SEASONS PH 2 80LOTS Property Zoning RES/AGRI DIST - RA-20R Owner Contractor -----CRESTVIEW DEVELOPMENT LLC CUMBERLAND HOMES INC PO BOX 727 PO BOX 727 DUNN NC 28334 DUNN NC 28335 (910) 892-4345 Applicant -----CUMBERLAND HOMES INC #18 PO BOX 727 DUNN NC 28335 (910) 892-4345 Structure Information 000 000 46X58 3BDR SLAB W/ GARAGE Flood Zone FLOOD ZONE X Other struct info # BEDROOMS # BEDROOMS PROPOSED USE SEPTIC - EXISTING? 3000000.00 SFD NEW TANK WATER SUPPLY COUNTY Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . Phone Access Code . 1091750 Issue Date 7/10/15 Valuation Expiration Date . . . 7/09/16-----Special Notes and Comments T/S: 03/02/2015 09:11 AM JBROCK ----CAROLINA SEASONS LOT 18 PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB INSULATION AND LAND USE. Work must conform and comply with the STATE BUILDING CODE and all other State and local laws, ordinances & regulations

HARNETT COUNTY CENTRAL PERMITTING

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65 LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number 15-50035588

Page

Date 7/10/15

Subdivision Name CAROLINA SEASONS PH 2 80LOTS Property Zoning RES/AGRI DIST - RA-20R

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1091750

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
1.0	7.07	5101			
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE		/_/
20	103	B103	R*BLDG FOUND & TEMP SVC POLE		//_
20-999	113	B113	R*BLDG WATER/DAMP PROOFING		//
20-30	814	A814	ADDRESS CONFIRMATION		
20-999	114	B114	R*BLDG MONO SLAB/TEMP SVC POLE		
30-999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE		
30-999	105	B105	R*OPEN FLOOR		
30-999	309	P309	R*PLUMB UNDER SLAB		
30-999	205	E205	R*ELEC UNDER SLAB		
40-50	129	I129	R*INSULATION INSPECTION		
40-60	425	R425	FOUR TRADE ROUGH IN		',',
40-60	125	R125	ONE TRADE ROUGH IN		',',
40-60	325	R325	THREE TRADE ROUGH IN		
40-60	225	R225	TWO TRADE ROUGH IN		',',
50-60	429	R429	FOUR TRADE FINAL		',',
50-60	131	R131	ONE TRADE FINAL	-	',',
50-60	329	R329	THREE TRADE FINAL	-	',',
50-60	229	R229	TWO TRADE FINAL		',',
999		H824	ENVIR. OPERATIONS PERMIT		',',
999		H828	ENVIRO. WELL PERMIT		',',
999	104	B104	R*FOUND & SETBACK VERIF SURVEY		'/'/