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

Application # 06-500-15438

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

Telephone Number 910-893-7525 www.harnett.org

Application # 06-500-15438

[5433]

Application for Building and Trade Permit

Owner's Name: CAVINITY CAN'T DEUDLOTEMENT Date: 5-15-06	
Address: 2818 Rachold Rd. Gte. 200 Fay: NC 26303 Phone: 481-0503	
Directions to job site from Lillington: Hwy. 210 Towards SPEING LAKE TUKN (R.)	
on RAY Rd.; TURN (B) ON NURSERY, TURN (B) ON LEMURE BLACK	
Subdivision: Woodshire Lot: 148	
Construction Type: (Please Check) Building Use: (Please Check) ✓ New Moved House ✓ Residential Commercial Renovation Addition Other Modular Multi-Family	
Total Project Cost: 165,000 Description of Proposed Work: New Kendewild Const.	
Heated SF Crawl Space () General Contractor Information Building Construction Cost \$ 130,000	
0.0 .10. 0.7.	
Building Contractor's Company Name AVINER LAW DEVELOPMENT 910-431-6503 Telephone Telephone	
2818 Ractord Rt. Ste. 200 FAY, N. 28303	
Address License #	
S: What size head of Corporation Must size head of form 8 workers come	
Signature of Owner/Contractor/Officer(s) of Corporation — Must sign back of form & workers comp Electrical Permit Information	
Description of Work Condential Electrical Cost \$ 9000	
TS Pole: Yes (No () Underground () Overheard () Permanent Service: Underground () Overhead () Service Size: 200 Amps	
ARIMAN ELECTRIC 345 WIKES Rd. FAY, NC 2836	90
Flectrical Contractor's Company Name Telephone	
485-8617 6136 U	
Address License #	
W - 6 - 7	
Signature of Officer(s) of Corporation	
Signature of Officer(s) of Corporation Mechanical Permit Information	
Description of Work HVAC	
Description of Work HVAC Number of Units Z Type System HP Mechanical Cost \$ 4800	
Description of Work HVAC Number of Units Z Type System HP Mechanical Cost \$ 4800 Mechanical Contractor's Company Name Mechanical Permit Information Mechanical Permit Information Mechanical Cost \$ 4800 Telephone	
Mechanical Permit Information	
Description of Work HVAC Number of Units Z Type System HP Mechanical Cost \$ 4800 Mechanical Contractor's Company Name Mechanical Permit Information Mechanical Permit Information Mechanical Cost \$ 4800 Telephone	
Description of Work HVAC Number of Units Z Type System HP Mechanical Cost \$ 4800 Mack A/R Mechanical Contractor's Company Name PO Rox 41104 Fayettville WC4309 Address License #	
Description of Work HVAC Number of Units Z Type System HP Mechanical Cost \$ 4800 Mechanical Contractor's Company Name Telephone PO Rox 41104 Fayettville WC4309 Address License # Signature of Officer(s) of Corporation Plumbing Permit Information	
Mechanical Permit Information	
Description of Work Number of Units Type System # P Mechanical Cost \$	
Mechanical Permit Information	
Description of Work Number of Units Z Type System HP Mechanical Cost \$ 4800 Mack A/R Mechanical Contractor's Company Name Po Rox 41104 Fayettville W 36309 Address Signature of Officer(s) of Corporation Description of Work Number of Baths Plumbing Pumble Plumbing Cost \$ 5100 LANDEN PLUMBING Plumbing Contractor's Company Name Plumbing Contractor's Company Name Plumbing Contractor's Company Name Mechanical Permit Information Mechanical Permit Information Plumbing Cost \$ 5100 Plumbing Cost \$ 5100 Telephone	
Description of Work Number of Units Z Type System HP Mechanical Cost \$ 4800 Mack A/R Mechanical Contractor's Company Name Po Rox 41104 Fayettville W 36309 Address Signature of Officer(s) of Corporation Description of Work Number of Baths Plumbing Pumble Plumbing Cost \$ 5100 LANDEN PLUMBING Plumbing Contractor's Company Name Plumbing Contractor's Company Name Plumbing Contractor's Company Name Mechanical Permit Information Mechanical Permit Information Plumbing Cost \$ 5100 Plumbing Cost \$ 5100 Telephone	
Mechanical Permit Information Mechanical Cost Mechanical Cos	
Description of Work Number of Units 2 Type System #P Mechanical Cost \$ 4000 MACK AIR WHO IT Telephone PO BOX 41104 Fayorty III W 26309 Description of Work Signature of Officer(s) of Corporation Description of Work Number of Baths 21/2 Plumbing Permit Information Plumbing Cost \$ 5100 Annew Pumblish Plumbing Contractor's Company Name Po Box 1359 F-V NC 27526 Address License #	
Description of Work Number of Units Z Type System #P Mechanical Cost \$ 4000 MALK AIR HE HEAD HEAD Telephone PO BOX 41104 Fay Attrille W 36309 Description of Work Plumbing Permit Information Plumbing Permit Information Plumbing Cost \$ 5100 LAMDEN PLUMBUR NEW Telephone PO BOX 1359 F-V, NC 27526 Address License # Signature of Officer(s) of Corporation Plumbing Cost \$ 5100 License # Signature of Officer(s) of Corporation Residential M Other () Not Required () LAMDEN PLUMBURE NEW TELEPHONE	
Description of Work Number of Units 2 Type System #P Mechanical Cost \$ 4000 MACK AIR WHO IT Telephone PO BOX 41104 Fayorty III W 26309 Description of Work Signature of Officer(s) of Corporation Description of Work Number of Baths 21/2 Plumbing Permit Information Plumbing Cost \$ 5100 Annew Pumblish Plumbing Contractor's Company Name Po Box 1359 F-V NC 27526 Address License #	

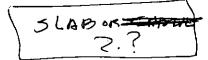
Page 1 of 3

Application #			
	Application #		

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned	ed applicant for Building Permit # being the:
	_ General Contractor _ Owner _ Officer/Agent of the Contractor or Owner
•	firm under penalties of perjury that the person(s), firm(s) or corporation(s) performing th in the permit:
	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
	Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
_X	Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
	_ Has/have not more than two (2) employees and no subcontractors.
Department is insurance prior	on the project for which this permit is sought it is understood that the Central Permitting suing the permit may require certificates of coverage of worker's compensation to issuance of the permit and at any time during the permitted work from any person, tion carrying out the work.
Firm Name:(AVINOTO CAND DEVELOPEMENT
Sign/Title:	not the
Date: 9	- 20-ple

+B-2



CAVINESS

Required Inspections for SFA/SFD

Appl # C

06500 15433 * 186,209 2866

		Valuation Sq. Ft	* 186,209 2866
<u>Seq</u>	_	Seq	
10	R*Bldg Footing	60	Two Trade Final > 2500
10-30	R*Elec Temp Service Pole	60	One Trade Final
20	R*Bldg Foundation	60	One Trade Final > 2500
20	Address Confirmation	999	Envir. Operations Permit
30-999	R*Open Floor	-	
30-999	R*Bldg Slab Insp		
30-999	R*Elec Under Slab	•	
30-999	R*Plumb under Slab		
30-999	R*Bldg Water/Damp Proofing		
40	Four Trade Rough in		
40 _	Four Trade Rough In > 2500		
40 -	Three Trade Rough In		
40	Three Trade Rough In > 2500		
40 _	Two Trade Rough In		
40 _	Two Trade Rough In > 2500		
40 _	One Trade Rough In		
40 _	One Trade Rough In > 2500		
50	R*Insulation Inspection		
60 _	Four Trade Final		
60 _	Four Trade Final > 2500		
60 _	Three Trade Final		
60 _	Three Trade Final > 2500		
60 _	Two Trade Final		



Hamett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

Application for Building and Trade Per	mit 5/15/06
Owner's Name, Carinass Land Der D	Pate: 5 1008
000 0 0 1 01 640 20 Tay NC 78300	hone: 481-0503
Directions to job site: HWY 210 mounds Social Lake.	urn (R) ON Ray Rd
I UTA (2)00 NUISERU, IVIN (F)00 BUBBLE BURGER	المستعبق عوا
Subdivision: WOODSHIRE WOOD POINT DELL	ot: <u>148</u>
Type Construction: (Please Check)	uilding Use: (Please Check)
No. & Description () Addition ()	esidential X Modular ()
A Litrary A Other A	ommercial () Multi-Family ()
Description of Proposed Work: New single Family	
Total Project Cost: 152,000	
Total Project Cost. 10-1	
Building Permit Information	Laran
Heated 2200 Crawl Space () Building Construction	on Cost \$ 135,000
Acres Disturbed	Stories
Carring & Land Dev 2818 Ractiona	Rd Ste 200 Fay, NC 28303
Building Contractor's Company Name	ddress
31485	910 481-0503
Signature of Officer(s) of Corporation License #	Telephone
Description of Work Resident & Electrical Permit Information Electrical Permit Information	lectrical Cost \$ 4000
Description of Work Kesident at	lectrical Cost s
TS Pole: Yes () No () Underground () Overheard () Permanent Service: Underground () Overhead () Service Siz	e: 200Amps
	YES Rd Fay NC Z8300
	Address
Electrical Contractor's Company Name	485-8617
	Telephone
Signature of Officer (s) of Corporation License #	-
Insulation Permit Information	:
	May and to My seen
Compensard Insulation 3536	Merie Rd Fay, NC 78301 Address
Insulation Contractor's Company Name	Address
484-7118	
Telephone	•
Mechanical Permit Information	110 M. Lawins Coast & AR Am
Description of Work War Number of Units Z Type System	HP Mechanical Cost \$ 4800
	04 Fay NC 28309
	ddress 484 6565
(harle 100 -	
Signature of Officer(s) of Corporation License #	Telephone
·	
Plumbing Permit Information	ing Cost \$ 5100
Description of Work Humbing Ven Number of Baths 2 1/2 Plumb	1359 F-V NC 27526
Counter Plumbing 40 BOX	
Phumbing Contractor's Company Name	Address 57-1584
Jul ander 1090 3	Tolenhone
Signature of Officer(s) of Corporation License #	Telephone
-	

Sprinkler System Information

·	
Sprinkler Contractor's Company Name	Address
Contact Person	Telephone
License Number	
<u>Fire Alar</u>	m System Information
Alarm Contractor's Company Name	Address
Contact Person	Contact Person's Signature
License Number	Telephone
<u>D</u> :	riveway Access
NC Department of Transportation Driveway A	ccess/Permit? Yes No
that the construction will conform to the regula	te necessary application, that the application is correct and tions in the Building, Electrical, Plumbing and Mechanical ce. I state the information on the above contractors is ur in the above contractors I certify it is my responsibility to of any changes.
	5/(9/06
Signature of Owner/Contractor/Officer(s) of Co	orporation Date

Affidavit of Worker's Compensation Coverage N.C.G.\$. 87-14

The undersigned applicant for Building Permit # being the
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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
has/have one or more subcontractor(s) and has/have obtained workers' compensation insurance covering them.
has/have one or more subcontractor(s) who has/have their own policy of
workmen's compensation covering themselves.
has/have not 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 workers' 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.
Firm name: Carland
By:
Title: Prosident
Date: 5/24/06

Required Inspections for SFA/SFD

<u>Seq</u>	
10	R*Bldg Footing
10-30	R*Elec Temp Service Pole
20	R*Bldg Foundation
20	Address Confirmation
30-999	R*Open Floor
30-999	R*Bldg Slab Insp
30-999	R*Elec Under Slab
30-999	R*Plumb under Slab
30-999	R*Bldg Water/Damp Proofing
40	Four Trade Rough In
40	Four Trade Rough In > 2500
40	Three Trade Rough In
40	Three Trade Rough In > 2500
40	Two Trade Rough In
40	Two Trade Rough In > 2500
40	One Trade Rough In
40	One Trade Rough In > 2500
50	R*Insulation Inspection
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final

Appl # 06 5 \ 0 15 4 3 3 Valuation \$\frac{\pm 186, 200}{2866}\$

Seq 60 Two Trade Final > 2500 60 One Trade Final 60 One Trade Final > 2500 999 Envir. Operations Permit