.* Each soctio : lelow to be filled out by whomever perfirming work. Must be owner or licensed comactor. Address, company name & phone sust match information on license.

Application #0 7-500 17 28 2

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

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

Application for Building and Trade Permit Owner's Name: Caviness & Cates Building and Development 2818 Racford Rd, Ste 300 Fayetteville, NC 28303 Directions to job site from Lillington: Take 27 w toward Cameron, Buffaloe Rd. Take first Ceft (Alpine Dr.) then 3rd street on Left (Timberline Orive) Sub dvision: __ Construction Type: (Please Check) **Building Use:** (Please Check) Moved House ★ Residential __ Commercial __ Modular __ Other Renovation Addition __ Multi-Family TotalProject Cost: _____Description of Proposed Work: New Home **General Contractor Information** Heated SF 1642 Crawl Space () **Building Construction Cost \$** Unheated SF1266Slab (4) Acres Disturbed 0.38 Stories 4 Cariness & Cates Building and Development 910-481-0503 Building Contractor's Company Name 5958 6 2818 Raeford Rd Ste 300 Favetheville NC 28303 Address Signalure of Owner/Centractor/Officer(s) of Corporation - Must sign back of form & workers comp Electrical Permit Information Description of Work <u>Residential</u> Electrical Cost S TS Pole: Yes X No () Underground X Overheard () Permanent Service: Underground W. Overhead ()
TSN ELECTRIC CORPORATION Service Size: 910-4 Electrical Contractor's Company Name Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work_ Type System Heat Pump Mechanical Cost \$ 6,000 Number of Units Custom Heating and Air 910-892-8829 Mechanical Contractor's Company Name Telephone 206 Jernisan Road, Dunn, NC 28334 Address License # Signature of Officer(\$) of Corporation Plumbing Permit Information Description of Work Number of Baths Plumbing Contractor's Company Name-Addres Signature of Officer(s) of Corporation Insulation Permit Information Residential (V) Other () Not Required ()

Daga 4 of 2

3536 Merle, Fayetteville, NC 28301

Telephone

Insulation

Insulation Contractor's Company Name & Address

Cumberland

			_	
9		nust fill out this portion stem Information		,
prinkler Contractor's Company Name	•	Contact & Telephone		* -
ddress	• . *	License #		_
ignature of Officer(s) of Corporation	ire Alarm Sy	stem Information		
ire Alarm Contractor's Company Name	-	Contact & Telephone	-	_
ddress	•	License #	:	
ignature of Officer(s) of Corporation Driveway Access - NC Departm		ortation Driveway Access/Permit?	Yes	No
				.
Questionnaire per G.S. 87-14 Regul Do you own the land on which Have you hired or intend to hir he project?	this buildin	ng will be constructed?	yes	no
	ol & superv		yes	
. Do you intend to directly contro		ise construction activities? _	,-	no
Do you intend to directly controlDo you intend to schedule, core done?				
 Do you intend to schedule, core done? Do you intend to personally ocollowing completion of construction 	ntract, or di cupy the bu	rectly pay for all phases of co — uilding for at least 12 consect you understand that if you do	onstruct _ yes utive m	tion work to no onths
Do you intend to schedule, core done?Do you intend to personally oc	ntract, or di cupy the bu	rectly pay for all phases of co — uilding for at least 12 consect you understand that if you do	onstruct _ yes utive m	tion work to no onths

contractors is correct as known to me and if any changes occur including listed contractors, site plan, 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

Application	#	
• •		

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

The undersigned	applicant for Building Per	mit #	being the:
X	General Contractor Owner Officer/Agent of the Contr	actor or Owner	
Do hereby confir the work set forth	m under penalties of per	jury that the person(s), firm	n(s) or corporation(s) performing
X	Has/have three (3) or mo	re employees and has/have to cover them.	e obtained workers'
	Has/have one (1) or more compensation insurance	e subcontractors(s) and has to cover them.	/have obtained workers'
	s/have their own policy of es.		
	ubcontractors.		
insurance prior to firm or corporation	uing the permit may re- poissuance of the permit a on carrying out the work.	quire certificates of cover and at any time during the p	stood that the Central Permitting age of worker's compensation permitted work from any person,
Firm Name:	Caviness & Cates	Building and Develop	oment
Sign/Title:	0,	vice Pre	in-
Date:	5/4/01	·	

Plan Box Number AA-14

Required Inspections for SFA/SFD

Appl. # 07 500 172.8 2 Valuation # 185, 039 Sq. Feet 2, 848

Sequence

	D* Dida Footing
10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
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
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
777	21.11. Operation =