Each sectional blow to be filled out by whomever periming work. Must be owner or licensed connactor. Address, company name & phone must match information on icense.

Application # 07-50017283

Harnett County Central Permitting PO Box 65 Lillington, NC 27548 Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit

Owner's Name: Caviness & Cates Building and Development	Date: <u>5/10/07</u>	
Address: 2818 Racford Rd, Ste 300 Fayetteville, NC 28.		
Directions to job site from Lillington: Take 27 w + wards	Cameron. Turn Left onto	
Buffaloe Rd. Take first Left (Alpine Dr.) than 3rd stro	ect on Left (Timberline Onive).	
Sub dvision: Summit	Lot: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Construction Type: (Please Check) Building Use: ★ New Moved House ★ Residential Renovation Addition Other	(Please Check) al Commercial Multi-Family	
TotalProject Cost:Description of Proposed Work	c: New Home	
Heated SF General Contractor Information Space () Unheated SF576 Slab () Heated SF ST6 Slab ()	struction Cost \$stories\.5	
Caviness & Cater Britaing and Development Building Contractor's Company Name Telep 2818 Raeford Rd, Ste 300 Fayetteville, NC	910 - 481 - 0503	
Building Contractor's Company Name Telep	282A2 5958 6	
Address -	License #	
A		
Signature of Owner/Contractor/Officer(s) of Corporation - Must	sign back of form & workers comp	
Description of Work Cesidential Electrical Cost \$ 4,000 TS Pole: Yes No () Underground Overheard () Permanent Service: Underground Overheard () Service Size: 200 Amps The Electrical Contractor's Company Name Telephone The Electrical Contractor's Company Name Telephone		
Signature of Officer(s) of Corporation Description of Work	t information Pump Mechanical Cost \$ 6,000 110-892-8827 Telephone	
Signature of Officer(s) of Corporation Description of Work HVAC Number of Units O Type System Heat Custon Heating and Air	t information Pump Mechanical Cost \$ 6,000 110-892-8827	
Signature of Officer(s) of Corporation Description of Work	it Information Pump Mechanical Cost \$ 6,000 110-892-8829 Telephone 4508	
Signature of Officer(s) of Corporation Description of Work	it information Pump Mechanical Cost \$ 6,000 110-892-8827 Telephone License # Information	
Signature of Officer(s) of Corporation Description of Work Number of Units Custon Heating and Air Mechanical Contractor's Company Name 206 Semigen Road Dunn, NC 28334 Address Signature of Officer(s) of Corporation Description of Work Number of Baths Plumbing Permit	it information Pund Mechanical Cost \$ 6,000 110-892-8827 Telephone License # Information Plumbing Cost \$ 5,000	
Signature of Officer(s) of Corporation Description of Work	it information Pump Mechanical Cost \$ 6,000 110-892-8827 Telephone 4508 License # Information Plumbing Cost \$ 5,000 117-894-5817 Telephone	
Description of Work	it Information Pump Mechanical Cost \$ 6,000 910-892-8829 Telephone 4508 License # Information Plumbing Cost \$ 5,000 919-894-5817	
Signature of Officer(s) of Corporation Description of Work	it information Pump Mechanical Cost \$ 6,000 110-892-8827 Telephone 4508 License # Information Plumbing Cost \$ 5,000 117-894-5817 Telephone	
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Signature of Officer(s) of Corporation Description of Work Number of Units Custer Heating and Air Mechanical Contractor's Company Name 206 Semigan Road Dunn, NC 28334 Address Signature of Officer(s) of Corporation Description of Work Number of Baths Drent Heating and Air Mechanical Permit Plumbing Contractor's Company Name Plumbing Contractor's Company Name 10, 50x, 15 Benjan, n-1, 77504 Address Signature of Officer(s) of Corporation Insulation Permit Information Residential	it information Pump Mechanical Cost \$ 6,000 110-892-8829 Telephone 4508 License # Information Plumbing Cost \$ 5,000 19-894-5817 Telephone 1 7 3 5 9 License #	

Telephone

Insulation Contractor's Company Name & Address

	Application #
	bs must fill out this portion r System Information
Sprinkler Contractor's Çompany Name	Contact & Telephone
Address	License #
Signature of Officer(s) of Corporation Fire Alarm	n System Information
Fire Alarm Contractor's Company Name	Contact & Telephone
Address	License #
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Tra	
Homooyyaan Analy	ing to Build Their Own House
Please answer the following questions then see a Permit 1	ring to Build Their Own Home Technician to determine if you qualify for permit under Owners Exemption.
· · · · · · · · · · · · · · · · · · ·	s to Issue of Building Permits (Memo available upon reques
Do you own the land on which this built	Iding will be constructed? yes no
2. Have you hired or intend to hire an ind the project?	lividual to superintend and manage construction o
3. Do you intend to directly control & sup	ervise construction activities? yes no
4. Do you intend to schedule, contract, or be done?	r directly pay for all phases of construction work to
	building for at least 12 consecutive months to you understand that if you do not do so, it but fraudulently secured the permit?
	yes no
Sign & date	
I hereby certify that I have the authority to make	necessary application, that the application is correct

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 <u>any</u> 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

5/10/07 Date

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

The undersigned	ed applicant for Building Per	mit #	being the:
X	_ General Contractor _ Owner _ Officer/Agent of the Contr	actor or Owner	
Do hereby con the work set for	firm under penalties of per th in the permit:	jury that the person(s),	firm(s) or corporation(s) performing
	_ Has/have three (3) or mo compensation insurance	re employees and has/l to cover them.	have obtained workers'
	Has/have one (1) or more compensation insurance	e subcontractors(s) and to cover them.	has/have obtained workers'
	Has/have one (1) or more workers' compensation in	e subcontractors(s) who surance covering them	has/have their own policy of selves.
	_ Has/have not more than t	wo (2) employees and	no subcontractors.
Department iss insurance prior firm or corporat	suing the permit may red to issuance of the permit a ion carrying out the work.	quire certificates of co and at any time during t	nderstood that the Central Permitting overage of worker's compensation the permitted work from any person,
Firm Name:	Caviness & Cates	Building and De	velopment
Sign/Title:	0	Vice P	residif
Date:	5/10/07	·	

	\mathcal{F}	l
Plan Box Number		

Job Name CAVINESSI CATES

Date: <u>5-15-07</u>

Required Inspections for SFA/SFD

Appl. # 0 7 50017283 Valuation # 159, 3/0 Sq. Feet 2452

Sequence

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