

* Each 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.

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Application # 07500-18554

Owner's Name: Caviness & Cates Development Date: 10/22/07
Address: 639 Executive place STE400 Fay NC 28305 Phone: 910-481-0503
Directions to job site from Lillington: Take 27w towards Cameron, Turn left onto Buffalo rd Take 1st left (Alpine dr) then 3rd st on left (Timberlin Dr)
Subdivision: Summit Lot: 151

Construction Type: (Please Check)
 New Moved House
 Renovation Addition Other
Building Use: (Please Check)
 Residential Commercial
 Modular Multi-Family

Total Project Cost: _____ Description of Proposed Work: New Home

Heated SF 2718 Crawl Space
Unheated SF 781 Slab ()
General Contractor Information
Building Construction Cost \$ _____
Acres Disturbed 127.82 Stories 1.5
Caviness & Cates Development 910-481-0503
Building Contractor's Company Name Telephone
639 Executive Place STE400 Fayetteville NC 28305 59586
Address License #

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information
Description of Work Residential Electrical Cost \$ 4,000
TS Pole: Yes No () Underground Overhead ()
Permanent Service: Underground Overhead () Service Size: 200 Amps
T+N Electric 910-487-5000
Electrical Contractor's Company Name Telephone
4341 Swindondr Fay NC 28312
Address License # 25333-U

Signature of Officer(s) of Corporation

Mechanical Permit Information
Description of Work HVAC Mechanical Cost \$ 6,000
Number of Units 2 Type System Heat Pump
James Hayes Htg & Air INC 910-484-7155
Mechanical Contractor's Company Name Telephone
620 Fair Street Fay NC 28306
Address License # 20051H3C1

Signature of Officer(s) of Corporation

Plumbing Permit Information
Description of Work Residential Plumbing Cost \$ 5,000
Number of Baths 4
Lee's Plumbing 919-868-1488
Plumbing Contractor's Company Name Telephone
P.O. Box 1378 Benson NC 27504
Address License # 22837

Signature of Officer(s) of Corporation

Insulation Permit Information Residential Other () Not Required ()
Cumberland Insulation 910-487-7118
Insulation Contractor's Company Name & Address Telephone
3536 merle, Fay, NC 28304

**Commercial Jobs must fill out this portion
Sprinkler System Information**

Sprinkler Contractor's Company Name _____
Contact & Telephone

Address _____
License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name _____
Contact & Telephone

Address _____
License #

Signature of Officer(s) of Corporation

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

Homeowners Applying to Build Their Own Home

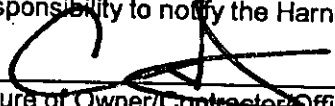
Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

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

Sign & date

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, 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

10/22/07

Date

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

The undersigned applicant for Building Permit # _____ 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/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.

_____ 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.

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 carrying out the work.

Firm Name: Caviness & Cates Building and Development

Sign/Title:  vice president

Date: 10/22/05

Plan Box Number B-6

Job Name CAVINESS & CATES

Date: 10-23-07

Required Inspections for SFA/SFD

Appl. # 0750018554
Valuation \$ 213,171
Sq. Feet 3281

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999	<input checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input type="checkbox"/>	R*Plumb. Under Slab
40	<input type="checkbox"/>	Four Trade Rough In
40	<input checked="" type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input type="checkbox"/>	Four Trade Final
60	<input checked="" type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit