| * 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. | |

| Application # | IXXXU - |
|---------------|---------|
| Whitemon # | |

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit

| Owner's Name: Woodshire Partners LLC | Date: 11/20/07 |
|---|-------------------------|
| Site Address: 528 Valley Oak DrivePhone | 481-0503 |
| Directions to job site from Lillington: 21 Wto Nursery — | * in some to |
| Directions to job site from Lillington: 21 110 Nut Servi | |
| Lemule Black. Subdivison as seco | ond left. |
| | 1.7.1 |
| Subdivision: Forest Oaks | Lot: |
| Description of Proposed Work: | #Bedrooms: 3 |
| Heated SF 1781 Unheated SF 574 Finished Rec Room? | Crawl Space () Slab (4) |
| General Contractor Information | <u>n</u> |
| Caviness Land Dev. 481-05 | <u> </u> |
| Building Contractor's Company Name Telephone | 37 485 |
| 639 Executive Place | license# |
| Address Must sign & fill | out second page |
| Signature of Owner/Contractor/Officer(s) of Corporation | out second page |
| Electrical Permit Information | TDalas (S/s- |
| Description of WorkService Size: | _Amps TPole:ves/no |
| TEN Electric 481-5 | 000 |
| Electrical Contractor's Company Name Telephone | 217 2522211 |
| TEN Electric Electrical Contractor's Company Name Telephone Address | License # |
| Address | |
| Signature of Officer(s) of Corporation | |
| Mechanical Permit Information | <u>n</u> |
| Description of Work | |
| | 188-031 <u>8</u> |
| Mechanical Contractor's Company Name Telep | hone |
| Mechanical Contractor's Company Name 1910 - B Panalce Drive Fay, NC 2830 Address 20 20 10 | 3 295. IFH 1-3 |
| Address | License # |
| | • |
| Signature of Officer(s) of Corporation Plumbing Permit Information | |
| Description of Work | # Baths |
| Glover Plumbing (919 | 1 868-0959 |
| Plumbing Contractor's Company Name Telep | hone |
| PO Box 724 Coats, NC 27521 | 23140 |
| Address | License # |
| Shown Glover | |
| Signature of Officer(s) of Corporation | |
| Insulation Permit Information | 101 7110 |
| Cumberland Insulation | 484-718 |
| Insulation Contractor's Company Name & Address | Telephone |

| Application # | |
|---------------|------|
| Application # | |

| 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 no | | |
| 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. | | |
| Date of the Company o | | |
| Signature of Owner/Contractor/Officer(s) of Corporation Date | | |
| 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 | | |
| 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: X 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 | | |
| 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: | | |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: X 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: X 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 | | |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: X 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: X 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 | | |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: X 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: X 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 | | |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: X 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: X 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 | | |

Plan Box Number AA - 8

Job Name CAVINESS

Date: 11-19-87

Required Inspections for SFA/SFD

Appl. # 0750018980 Valuation # 151,838 Sq. Feet 2337

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 |
| | - |