

\* 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 # 18896

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: 540 Valley Oak Drive Phone: 481-0503  
Directions to job site from Lillington: thwy 27 to Nursery, Nursery to Lemule Black. Subdivision 2nd left.

Subdivision: Forest Oaks Lot: 162  
Description of Proposed Work: \_\_\_\_\_ #Bedrooms: 3  
Heated SF 1772 Unheated SF 525 Finished Rec Room? yes Crawl Space ( ) Slab (x)

**General Contractor Information**

Caviness Land Dev. 481-0503  
Building Contractor's Company Name Telephone  
639 Executive Place 37485  
Address License #

\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps TPole: yes/no  
TEN Electric 487-5000  
Electrical Contractor's Company Name Telephone  
4341 Swindon Dr. Fay, NC 28312 25333U  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work \_\_\_\_\_  
Chacco 488-0318  
Mechanical Contractor's Company Name Telephone  
1910-B Pamalce Drive Fay, NC 28303 2957PH1-3  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Glover Plumbing (919) 848-0959  
Plumbing Contractor's Company Name Telephone  
PO Box 726 Coats, NC 27521 23140  
Address License #

Shawn Glover  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Cumberland Insulation 484-7118  
Insulation Contractor's Company Name & Address Telephone



Plan Box Number AA-8

Job Name CAVINESS

Date: 11-19-07

Required Inspections for SFA/SFD

Appl. # 0750018896  
Valuation \$141,118  
Sq. Feet 2172

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

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

WATER USER'S AGREEMENT

Form Must be Completed in Full Before Service is Made Available. ID is Required.

Today's Date: <u>12/7/07</u>	<b>*Deposits shown apply for customers with approved credit only!</b>	
Date Service Requested: _____	Fees Due: Deposit, Owner, Water \$25	Connection Fee, all accounts: \$15
	Deposit, Owner, Sewer \$25	
	Deposit, Rental, Water \$50	
	Deposit, Rental, Sewer \$50	Meter Fee: \$70

This agreement is to request Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and/or sewer service connections at the following location:

Please Print: Subdivision Forest Oaks Lot # 1162 Permit # (if applicable) 0750018894

Service Address: \_\_\_\_\_ Landlord: \_\_\_\_\_

Applicant's Name: Caviness Land Dev.

Co-Applicant's Name: \_\_\_\_\_

Mailing Address: 639 Executive Place Suite 400

Town: Fayetteville State: NC Zip: 28303

Home Phone Number: 910-481-0503 Contact Phone Number: \_\_\_\_\_

Previous Address: 2818 Raeford Rd. Suite 300 Fay, NC 28303

Customer's Social Security #: _____	Co-App's Social Security #: _____
Customer's Drivers License #: _____	Birthdate: _____
Co-App's Drivers License #: _____	Birthdate: _____

Employer: \_\_\_\_\_

Employer's Address \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Co-Applicant's Employer and Phone #: \_\_\_\_\_

Name of Nearest Relative: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my services without further notice. In order for service to be restored, I will be required to pay ALL DUJE amounts plus a \$30 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature: 

Amount Paid: _____	Cash: _____	Check: _____	Account #: _____	CID: _____	LID: <u>87010</u>
Account # Transferred From: _____	Date To Turn Off: _____				
Address of Transferred Account: _____	Turn On: _____	Read Only: _____	Install: _____		