\* 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 #

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

	Building and Trades Permit	
Owner's Name: Woodshire Partners LLC Date: 11/20/07		
Site Address: 540 Valley Oak Driv	/CPhone: 481-0603	
Directions to job site from Lillington: Hwy 27%	o Nursey, Nursery to	
Lemule Black. Subdivision 2	nd left.	
***************************************		
Subdivision: Forest Oaks	Lot: 162	
Description of Proposed Work:	#Bedrooms: 3	
Heated SF 1772 Unheated SF 525 Finished F	Rec Room? VES Crawl Space ( ) Slab ()	
General Contra	ctor Information	
Caviness Land Dev.	<u>481-0503</u>	
Building Contractor's Company Name	Telephone 20 195	
639 Executive Place	3.1402	
Address	License #	
Si de la constanta de la const	Must sign & fill out second page	
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Per	nit Information	
Description of WorkServic	e Size:Amps TPole:@3/no	
TEN Electric	<u>487-5000</u> Telephone	
Electrical Contractor's Company Name	Telephone	
- 4341 Swirder Dr FAY	NC 28312 25333U	
Address 400	License #	
Color II		
Signature of Officer(s) of Corporation  Mechanical Pe	rmit Information	
Description of Work		
Chacco	488-0318	
Mechanical Contractor's Company Name	Telephone	
1910-13 Pamalee Drive Fay	NC 28303 2957PH 1-3	
Address	License #	
- Illumon		
Signature of Officer(s) of Corporation  Plumbing Per	mit Information	
Description of Work	# Baths	
Glover Plumbina	G19) BCB-0959	
Plumbing Contractor's Company Name	Telephone	
POBOX 724 Coats, NC 2	7521 23140	
Address	License #	
Shown Glover		
Signature of Officer(s) of Corporation	últ Information	
	hit Information 484-7118	
Insulation Contractor's Company Name & Address	Telephone	
insulation contractors company realite a violess	i makimina	

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?		
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.		
Signature of Owner/Contractor/Officer(s) of Corporation Date		
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:		
$\chi$ 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 carrying out the work.		
Company or Name: Caviness Land DLV.		

Date: 11/20/07

Sign w/Title: Caviness Land Dev.

Presiden

Plan Box Number AA-8

Job Name CAVINESS

Date: \_\_//-/9-07

Required Inspections for SFA/SFD \*

Appl. # 0750018896Valuation 4141, 118 Sq. Feet 2172

### Sequence

10 10-30 20 20 30-999 30-999 30-999 30-999 40 40 40 40 40 40 40 50 60 60 60 60 60 60 60 60 60 60 60	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In> 2500 Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Rough In One Trade Final Four Trade Final Four Trade Final Three Trade Final Two Trade Final Two Trade Final Two Trade Final
	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: 12 7 0 *Deposits sh	Deposit, Owner, Water \$25 Connection Fee,
Date Service Requested:	Deposit, Owner, Sewer \$25 all accounts: \$15
example state of state state.	Deposit, Rental, Water \$50 Deposit, Rental, Sewer \$50 Meter Fee: \$70
This agreement is to request Harnett County Department of Public Utilities thr and Regulations, to provide water and/or sewer service connections at the following	rough normal procedures and in accordance with the District's Rules owing location:
Please Print: Subdivision Forest Oaks	Lot # 162 Permit # (if applicable) 07 500 188
Service Address:	landlord:
Applicant's Name: CONTINESS Land Del	/.
Co-Applicant's Name:	
Mailing Address: 639 Executive Place	Suite 400
Town: Fayetheville	state: NC zip: 28303
Home Phone Number: 010-481-0503	Contact Phone Number
Previous Address: 2818 Raeford Rd. St	whe 300 Fay, NC 28303
Customer's Social Security #:	
Customer's Drivers License #:	
Co-App's Drivers License #:	Birthdate:
Employer:	
Employer's Address	
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 make all payments on time when due as stated on the WATER/SEWER bill, the notice. In order for service to be restored, I will be required to pay ALL DUE as action to collect on an account will be the responsibility of the customer. Any Frefunded. Property owners will be responsible for a monthly bill regardless sold or rented. By signing this application, you are agreeing that you are at least	department has the right to disconnect my services without further mounts plus a \$30 reconnect fee. Any fees resulting from court INAL BILLS with a credit balance of less than \$1.00 will not be of whether water and/or sewer is being used, until the property is at 18 years of age.
Customer Signatures	to an about haddedness among colors and copy. Me hadded all other directs only a delign color date as a super-
\mount Paid:Check:Check:	Account #: CID: LID: \$740
Account # Transferred From:	Date To Turn Off:
Address of Transferred Account:	