* [	ach section below to be filled out by
wi	mever performing work. Must be owner
or	censed contractor. Address, company
na	ne & phone must match information on
lic	nse.

	10411
Application #	10 100

## Harnett County Central Permitting PO 80x 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: 11/26/07
Site Address: 275 Basket Dak drive Pho	
Directions to job site from Lillington: Hwy 27 W to	Nursery Rd.
Nursery Rd to Lemule Black	Rd. Subdivision
and left.	
Subdivision: Fovest Oaks	Lot: <u>142</u>
Description of Proposed Work:	#Bedrooms: 3
Heated SF 1694 Unheated SF 428 Finished Rec Room?	Crawl Space ( ) Slab (*
General Contractor Informat	
Building Contractor's Company Name  Telephone	0303
639 Executive Place	37 485
Address	License #
	ilt out second page
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Permit Information	nn.
Description of Work Service Size:	Amps TPole:
TEN Electric  Electrical Contractor's Company Name  487-  Telephone	5000
Electrical Contractor's Company Name Telephone	2000
- 4361 Swiddow Dr FAY NC o	25333U
Address	License #
Signature of Officer(s) of Corporation	
Mechanical Permit Informat	<u>ion</u>
Description of Work	
Chacco	488-0318
	2957PHI-3
1910-B Pamalce Drive Fay, NC 283	License #
Address	Elou(100 II
Signature of Officer(s) of Corporation	
Plumbing Permit Information	on a e
Description of Work	# Baths 2.5
Glover Plumbing 19	19)868-0459
Plumbing Contractor's Company Natine PO Box 724 Coats, NC 27521	ephone 23140
Address	License #
Shown Glover	
Signature of Officer(s) of Corporation	
Cumberland Insulation Permit Information	<sup>2n</sup> 484-7118

Application #	
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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				
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?yesno				
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 Owner/Contractor/Officer(s) of Corporation Date				
Signature of Owner/Contractor/Officer(s) of Corporation Date				
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:				
Signature of Owner/Contractor/Officer(s) of Corporation Date  Affidavit for Worker's Compensation N.C.G.S. 87-14				
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:				
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:				
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:				
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:				

Plan Box Number AA-8

Job Name CAVINESS

Date: 19-07

Required Inspections for SFA/SFD

Appl. # <u>07500189</u>08 Valuation <u># 142,6</u>77 Sq. Feet <u>2196</u>

## Sequence

10 10-30 20	R* Bldg. Footing R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
40	R*Plumb. Under Slab
	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	· · · · · · · · · · · · · · · · · · ·
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit