* 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

Application for Residential Building and	
Owner's Name: Woodshire Partners LLC	Date: 12110101
Site Address: 255 Basket Oak Pho	ne: <u>481-0503</u>
	Nursery Rd.
Nursery Rd to Lemile Black.	Subdivision
Yz mile on left.	•
Subdivision: Forest Oaks	Lot: <u>143</u>
Description of Proposed Work:	#Bedrooms:
Heated SF 1590 Unheated SF 1388 Finished Rec Room?	
General Contractor Informat	
Caviness Land Dev. 481-	0505
Building Contractor's Company Name Telephone (039 Executive Place	37 485
Address	License #
	ill out second page
Signature of Owner/Contractor/Officer(s) of Corporation	
Description of WorkService Size:	
TEN Flectic 497-	5000
Floatrical Contractor's Company Name Telephone	
- 4341 Swirdon Dr FAY NC &	3312 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 Pamalee Drive Fay, NC 283	License #
Address	License #
Signature of Officer(s) of Corporation	
Plumbing Permit Information	<u>on</u>
Description of Work	# Baths
Glover Plumbing 9	19)848-0959
Plumbing Contractor's Company Name PO Box 724 Costs, NC 27521	93160
Address	License #
Show Clover	
Signature of Officer(s) of Corporation	
Insulation Permit Information	
Insulation Contractor's Company Name & Address	484-718 Telephone
Insulation Contractor's Company Name & Address	· Olopilolio

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)			
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?			
yesno			
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 <u>any</u> 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			
Signature of Owner/Outractor/Officer(s) of Corporation			
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: 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: 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 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: 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 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: 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 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.			
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: 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 AA12

Job Name <u>CAVIN</u>eSS ...

Date: 12-14-07

Required Inspections for SFA/SFD

Appl. # 07 - 500 | 96|3Valuation 196431Sq. Feet 931

Sequence

	2421 2 4
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 1	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