* 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 #	
Tippiioution	

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

Filotie 910-030-7020 1 ax 010-000 2.00	· = 1
Application for Residential Building	and Trades Permit
Owner's Name: Woodshire Partners LLC	Date: 12/10/01
Site Address: 248 Sonora Drive	Phone: 481-0503
Directions to job site from Lillington: Hwy 27 w 10	nursery ka.
Nursery Rd to Lemule Black.	<u>Subdivision</u>
1/2 mile on left.	
Subdivision: Woodshire	Lot: <u>る</u> るし
Description of Proposed Work:	#Bedrooms: <u>3</u>
Heated SF 232 Unheated SF 657 Finished Rec Room	? Ves Crawl Space () Slab 🔏
General Contractor Infor	mation
	1-0503
Building Contractor's Company Name Telepho	37 4 <i>8</i> 5
639 Executive Place	License #
Address	2.33 ,733 W
Signature of Owner/Contractor/Officer(s) of Corporation	n & fill out second page
Electrical Permit Inform	nation Thele
Description of WorkService Size:	Amps TPole:@e3/no
TEN Electric Electrical Contractor's Company Name Telepho Address Address	1-3000
Lieuman Contractor's Company Name	28312 25333U
Address Address	License #
* 700	
Signature of Officer(s) of Corporation	
Mechanical Permit Inform	<u>mation</u>
Description of Work	100 A218
Chacco Mechanical Contractor's Company Name	488-0318 Telephone
Mechanical Contractor's Company Name 1910 - B Pamalee Drive Fay, NC 2 Address 2000 100	2957PHI-3
Address 11 11	License #
Signature of Officer(s) of Corporation	
Plumbing Permit Inform	nation_
Description of Work	# Baths
Glover Plumbing	<u>(919) 868-0959</u>
Plumbing Contractor's Company Name PO Box 724 Coats, NC 27521	Telephone
	License #
Address C. L. O. G. L. O. C. L	<u></u>
Signature of Officer(s) of Corporation	
Insulation Permit Inform	
Cumberland Insulation	484-7118
Insulation Contractor's Company Name & Address	Telephone

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:		
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.		

Laviness Land Development

Sign w/Title:

Plan Box Number AA 2

Job Name Naviness

Date: 12-14-07

Required Inspections for SFA/SFD

Appl. # 07-50019043/ Valuation * 190431 Sq. Feet 2931

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
6 0	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
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