

* 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.

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: 12/10/07

Site Address: 230 Sonda Drive Phone: 481-0503

Directions to job site from Lillington: Hwy 27 w to Nursery Rd.
Nursery Rd to Lemule Black. Sub. 1/2 mile
on left.

Subdivision: Woodshire Lot: 227

Description of Proposed Work: _____ #Bedrooms: 3

Heated SF 2274 Unheated SF 726 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

T&N Electric 487-5000

Electrical Contractor's Company Name Telephone

4341 Swindon Dr Fay, NC 28312 25333U

Address License #

x [Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____

Chocco 488-0318

Mechanical Contractor's Company Name Telephone

1910-B Pamalee Drive Fay, NC 28303 2957PH1-3

Address License #

x [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

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? ___ 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

12/10/07
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.

Company or Name: Caviness Land Development

Sign w/Title: [Signature] President Date: 12/10/07

SLAB

Plan Box Number AA 12

Job Name CAVINESS

Date: 12-14-07

Required Inspections for SFA/SFD

Appl. # 07-50019045

Valuation 186208

Sq. Feet 2866

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20		Address Confirmation
30-999		Open Floor
30-999	<input checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999	<input checked="" type="checkbox"/>	R*Plumb. Under Slab
40		Four Trade Rough In
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60		Four Trade Final
60	<input checked="" type="checkbox"/>	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