* 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 # 075 05 192 87

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org
ication for Residential Building and Trades Permit

Application for Residential E	Building and Trades Permit	
Leadeline Darkmore	Date:	
Owner's Name: Woodshire Partners LLC Date: Site Address: JAO BUSKET DRIVE Phone:		
Site Address: 1010 CXXIII CXXIII		
Directions to job site from Lillington:		
- Carl	Lot: 113	
Subdivision: Forest OUKS		
Work: NOME IN THE PROPERTY OF	Crawl Space () Slab (X	
IGG / I A	etor Information	
General Comme	481-0503	
Caviness Land Dev.		
Building Contractor's Company Name (39 Executive Place	Telephone 37 485	
	License #	
Address	Must sign & fill out second page	
Signature of Owner/Contractor/Officer(s) of Corporation	l Nationalism	
Service	e Size: Amps TPole: Ves/no	
Description of Work TEN Electrical Contractor's Company Name Address Address	497-5000	
TEN Electric	Telephone	
Electrical Contractor's Company Hams	NC 23312 25333U	
1541 Jan 452 2 17	License #	
Address		
- Composition		
Wechanicarre	rmit Information	
Description of Work	488-0318	
Chacco	100 00.0	
Mechanical Contractor's Company Name		
Mechanical Contractor's Company Name 1910 - B Pamalee Drive Fay	License #	
Address		
Signature of Officer(s) of Corporation		
Signature of Officer(s) of Corporation Plumbing Pe	rmit Information	
Description of Work	# Baths	
Glover Plumbing	919 848-0959	
Plumbing Contractor's Company Name	Telephone 23160	
Plumbing Contractor's Company Name PO BOX 124 Coats, NC	License #	
Address		
Shown Glover		
Signature of Officer(s) of Corporation Insulation Pe	rmit Information	
Comperland Institution	404-1110	
Insulation Contractor's Company Name & Address	Telephone	
modianon obtained		

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? 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 <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		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General ContractorOwnerOfficer/Agent of the Contractor or Owner		
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:		
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work		
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.		
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		
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		
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit: Y		
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit: Yhas 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		

Application #____

Plan Box Number AA-14

Job Name CAVINESS

Date: 5-5-08

Required Inspections for SFA/SFD

Appl. # 08500 19287 Valuation \$ 44,561 Sq. Feet 2225

Sequence

10 10-30 20 20	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation
30-999	Address Confirmation 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
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
	One Trade Final > 2500
999	Envir. Operations Permit