*Earth section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on ilcense.

Application # 08-50019290 Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit			
Owner's Name: Caviness Land Development Date: 3-16-09			
Site Address: 194 Basket Oak Drive Phone: 481-0503			
Directions to job site from Lillington: 27 W to Nursery Road			
Nursery Rd to Lemuel Black Road			
Subdivision: Forest Caks Lot: 116			
Description of Proposed Work: residential #Bedrooms: 4			
Heated SF 2326 Unheated SF 810 Finished Rec Room? VCS Crawl Space () Slab & General Contractor Information			
Caviness Land Development 481-0503			
Building Contractor's Company Name Telephone			
1079 Executive Place Suite 400 Fay, NC 28305 37485 Address License #			
Must sign & fill out second page			
Signature of Owner/Contractor/Officer(s) of Corporation			
Description of Work Electrical Permit Information Service Size:Amps TPole yes/no			
TEN Electric 487-5000			
Electrical Contractor's Company Name Telephone			
4341 Swindon Dr. Fay, NC 28303 28098-L			
Address License #			
Signature of Officer(s) of Corporation			
Mechanical/HVAC Permit Information			
Description of Work Heating & AC			
<u> </u>			
Mechanical Contractor's Company Name Telephone			
1910 Pamake Dr Fay, NC 28303 2957PH 1-3 License #			
License #			
Signature of Officer(s) of Corporation			
Plumbing Permit Information			
Description of Work			
Glover Plumbing (919) 868 0959			
lumbing Contractor's Company Name			
20 Box 726 Cocds, NC a752			
License #			
gnature of Officer(s) of Corporation			
Insulation Permit Information			
Cumberland Insulation 484-7118			
sulation 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)			
	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? 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. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.				
	2/11/09			
S	ignature of Owner/Contractor/Officer(s) of Corporation Date			
Т	Affidavit for Worker's Compensation N.C.G.S. 87-14 he undersigned applicant being the:			
	General Contractor Owner Officer/Agent of the Contractor or Owner			
Do	o hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work st 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.				
cov	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance vering themselves.			
	Has no more than two (2) employees and no subcontractors.			
to is carr	ile working on the project for which this permit is sought it is understood that the Central Permitting partment issuing the permit may require certificates of coverage of worker's compensation insurance prior assuance of the permit and at any time during the permitted work from any person, firm or corporation lying out the work.			
Con	npany or Name: <u>Caviness Land Development</u> n w/Title: <u>President</u> Date: 2-16-09			
Sign	w/Title: President Date: 2-16-09			

Plan Box Number AA-14

Job Name CAVINESS LAND.

DEVELO

Required Inspections for SFA/SFD

Appl. # 08 500 1929 Valuation # 189,393 Sq. Feet 29/5

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 Bount V
40	Four Trade Rough In
10	Four Trade Rough In> 2500
40	These 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
50	One Trade Rough In > 2500
60	K* Insulation
50	Four Trade Final
60	Four Trade Final > 2500
	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 Onesting P
	Envir. Operations Permit