\*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

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

Phone 910-893-7525 Fax 9)	0-093-2193 WWW.harricit.org
Application for Residential	Building and Trades Permit
Owner's Name: Woodshire Partners 1	LC Date: 1 26 09
Site Address: 215 Backet Oak Drive	Phone: 461-0005
Directions to job site from Lillington:	
	Lot:
Description of Proposed Work: RESIDENTIAL	#Bedrooms: 4
Heated SF 3300 Unheated SF 100 Finished F	Rec Room? <u>UCS</u> Crawl Space ( ) Slab (V)
A :	481-0503
Covines S Land Dev.  Building Contractor's Company Name	481-0505 Telephone
639 Executive Place	37 485
Address	License #
	Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Per	} nit Information
Sonio	e Size: Amns TPole: Veg/no
TEN Electric	487-5000
Electrical Contractor's Company Name	Telephone
TEN Electric  Electrical Contractor's Company Name  4341 Swinder De Fay	N C 28312 20090 L
Address	License #
Signature of Officer(s) of Corporation	
Mechanical Per	rmit Information
Description of Work	450 6318
Chacco	488-0318
Mechanical Contractor's Company Name 1910 - B Pamale Drive Fay	NA 28203 2957PHI-3
Address // //	License #
	·
Signature of Officer(s) of Corporation	- is to de years in the
	mit Information
Description of Work	# Baths (910) 424-(2T13
Plumbing Contractor's Company Name	Telephone
3242 mid pine Dr. Faul N	C-28 303 7756-PI
Address	License #
Vance dinnace	
augnature of Officer(s) of Corporation	mit information
Cumberland Insulation	484-7118
Insulation Contractor's Company Name & Address	Telephone

Application #		
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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 Zonling 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  1 2 0 9  Date		
Signature of Owner/Contractor/Officer(s) of Corporation  Date		
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:		
Signature of Owner/Contractor/Officer(s) of Corporation  Date  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  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:		
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:		
Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:  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 AA-14

Job Name CAVINEST

Date: 12-18-08

Required Inspections for SFA/SFD

08-

Appl. # 500 19292 Valuation \$127 Sq. Feet\_

## Sequence

10	D# Dide Contin
10-30	R* Bldg. Footing
20	R* Elec. Temp Service Pole
20	R* Building Foundation
30-999	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
40	R*Plumb. Under Slab
40	Four Trade Rough In
10	Four Trade Rough In> 2500
The second secon	Hare 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
50	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
	entri. Operations remnit