* 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	#	

DOUBLE SOLVER

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 T	rades Per	<u>rmit</u>	04.
Owner's Name: Caviness Land Site Address: 147 Basket DakPhon	Date: _	8-13-08	and
Site Address: 147 Basket Dak Phon	e:		Op
Directions to job site from Lillington:			. V
			•
Subdivision: Forest Oaks	Lot:	47	
Description of Proposed Work: Residential	#Bedro	ooms: <u>3</u>	 ,
Heated SF 1650 Unheated SF 525 Finished Rec Room? U	<u>cs</u> _	Crawl Space ()	Slab 😝
General Contractor Information	<u>m</u>		
Caviness Land Dev. 481-0 Ruilding Contractor's Company Name Telephone	<u> </u>		-
Building Contractor of Company		37489	5
139 Executive Place		License #	-
Must sign & fill	out second	l page	
Signature of Owner/Contractor/Officer(s) of Corporation			
Description of Work Electrical Permit Information Service Size:	Λ	TPole: ve3/no	
Description of Work Service Size: TEN Electric Telephone	5000		-
Electrical Contractor's Company Name Telephone	97. 7	25222	
Description of Work Service Size: TEN Electric Electrical Contractor's Company Name Telephone Address Address	8312	473333	<u> </u>
Address		Electrice #	
Signature of Officer(s) of Corporation			
Mechanical Permit Information	<u>on</u>		
Description of Work	400	210	
Chacco	488-0	<u> </u>	-
Mechanical Contractor's Company Name 1910 - B Pamalce Drive Fay, NC 283	n3	2957P	H1-3
Address 2011		License #	
x /////////			
Signature of Officer(s) of Corporation	ın.		
Plumbing Permit Information	<u>'''</u> # Bath	ne.	
Description of Work	a "&"	R-0959	1
Plumbing Contractor's Company Name	ephone		-
PO BOX 724 Coats, NC 27521	_2	3140	
Address		License #	
Shown Glover			
Signature of Officer(s) of Corporation Insulation Permit Information	<u>ın</u>		_
Cumberland Insulation		<u> 484-711</u>	3
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? 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. 8-13-08 Signature of Owner/Contractor/Officer(s) of Corporation Date
Signature of Owner/Contractor/Circos (c) of Corporation
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

Plan Box Number	Job Name CAVIDESS
	Date:
Required Inspections fo	r SFA/SFD ' Appl. # 08-500 2078 Valuation 135 790 Sq. Feet 2098
10 10-30 20 20 30-999 30-999 30-999 40 40 40 40 40 40 40 50 60 60 60 60 60 60 60 60 60 60 60 60 999	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In> 2500 Three Trade Rough In> 2500 Two Trade Rough In> 2500 One Trade Rough In> 2500 One Trade Rough In> 2500 One Trade Rough In> 2500 Two Trade Final Four Trade Final Four Trade Final Three Trade Final Three Trade Final Three Trade Final Two Trade Final