\* 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 # 08500 21190

## 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: 10/27/08				
Site Address: 326 Basket Oak Drive Phone: 481-0503				
Directions to job site from Lillington:				
Subdivision: Forest Oaks Lot: 122				
Description of Proposed Work: Residential #Bedrooms: 3				
Heated SF 1826 Unheated SF 533 Finished Rec Room? UCS Crawl Space () Slab & General Contractor Information				
Caviness Land Dev. 481-0503				
Building Contractor's Company Name Telephone				
639 Executive Place 37485				
Address License #				
Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation				
Electrical Permit Information				
Description of WorkService Size:Amps TPole:ve3/no				
TEN Electric 487-5000 Electrical Contractor's Company Name Telephone				
-4341 Swirdow Dr FAY NC 28312 25333U				
Address License #				
Tell (				
Signature of Officer(s) of Corporation  Mechanical Permit Information				
Description of Work				
<u>Chacco</u> 488-0318				
Mechanical Contractor's Company Name  Telephone				
1910-13 Pamalee Drive Fay, NC 28303 2957PH1-3				
Address # License #				
Signature of Officer(s) of Corporation  Plumbing Permit Information				
Description of Work # Baths				
Glover Plumbina (919) 868-0959				
Plumbing Contractor's Company Name Telephone				
PO BOX 724 Coats, NC 27521 23140				
Address License #				
Signature of Officer(s) of Corporation				
Insulation Permit Information				
Insulation Permit Information  Cumberland Insulation 484-7118  Insulation Contractor's Company Name & Address Telephone				

Αı	p)	lication	#		

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 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 Date						
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:						
The undersigned applicant being the:						
The undersigned applicant being the:  Y 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						
The undersigned applicant being the:						
The undersigned applicant being the:						
The undersigned applicant being the:						
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.						
The undersigned applicant being the:						

Plan Box Number AA 14

Job Name Caviness

Date: 11-3-08

Required Inspections for SFA/SFD

Appl. # 08-500211 90 Valuation 144501 Sq. Feet 2225

## 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 Rough In
40	Four Trade Rough In> 2500
10	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
6 <b>0</b>	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
-	oberations Lettill