* 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.

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: 11/12/08
Site Address: 346 Basket Oak DrivePhone: 481-0503
Directions to job site from Lillington:
Subdivision: Forcst Ocus Lot: 123
Description of Proposed Work: Residential #Bedrooms: 3
Heated SF 1525 Unheated SF 480 Finished Rec Room? NA 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: ves/no
TEN Electrical Contractor's Company Name 487-5000 Telephone
Electrical Contractor's Company Name Telephone
Electrical Contractor's Company Name Telephone Telephone Address Address License #
Address 4
Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work
Chacco 488-0318
Mechanical Contractor's Company Name Telephone
Mechanical Contractor's Company Name 1910-B Pamalee Drive Fay, NC 28303 2957PH 1-3
Address #
Signature of Officer(s) of Corporation Plumbing Permit Information
Description of Work# Baths
Glover Plumbing (919) 848-0959
Physica Contractor's Company Name Telephone
PO BOX 724 Coats, NC 27521 23140
Address License #
Shown Glover
Signature of Officer(s) of Corporation Insulation Permit Information
Cumberland Insulation 484-7118
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? yesno
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. 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:

	•					
		or Worker's Co	mpensation I	N.C.G.S. 87	-14	
	dersigned applicant being th					
$\overline{\lambda}$	_ General Contractor	Owner	Officer/Agent	of the Contra	ctor or Owner	
Do her set fort	eby confirm under penalties h in the permit:	of perjury that the	person(s), firm(s)	or corporation	n(s) performing the wo	ork
×	Has three (3) or more emplo	oyees and has obta	ained workers' cor	mpensation in	surance to cover them	٦.
them.	Has one (1) or more subcor	•				
	Has one (1) or more subcorng themselves.	ntractors(s) who ha	s their own policy	of workers' co	ompensation insuranc	e
	Has no more than two (2) e					
Depart to issu	working on the project for wi tment issuing the permit ma ance of the permit and at ar ng out the work.	y require certificate ny time during the p	es of coverage of the sermitted work fro	m any person.	ensanon madiance pi	rior
Comp	any or Name: Cavines	ss Land	Developr	nent		
٠.	//Title:	- Preside	nt	Date: <u> </u>	12/08	

9/07

Plan Box Number AA-14

Job Name CAVINESS +

Date: ___11-13-@

Required Inspections for SFA/SFD

Appl. # 0850021245 Valuation \$ 127, 929 Sq. Feet

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 Thee 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 One Trade Final > 2500 999 **Envir. Operations Permit**

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