* 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.

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Application # 09 500 91511

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: 1/26/09	
Site Address: 196 Buc, Oak Drive Phone: 481-0503	
Directions to job site from Lillington:	
Unadalitie	
Subdivision: WOODShire Lot: 194	
Description of Proposed Work: RCSidential #Bedrooms: 3	_
Heated SF Unheated SF Finished Rec Room? Crawl Space () Slab (*) General Contractor Information	
Caviness Land Dev. 481-0503	
Building Contractor's Company Name Telephone	
Wast Extended to the state of t	
Address License # Must sign & fill out second page	
Signature of Owner/Contractor/Officer(s) of Corporation	
Electrical Permit Information	
Description of Work Service Size: Amps TPole: Amps TPo	
TEN Electric 487-5000 Electrical Contractor's Company Name Telephone	
TEN Electrical Contractor's Company Name Half Swirdon Dr. Fay NC 28312 28698-L License #	
Tell (
Signature of Officer(s) of Corporation Mechanical Permit Information	
Description of Work	
Chacco 488-0318	
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	
Yance Johnson Mumbing (910) 424-6712	
Plumbing Contractor's Company Name Telephone	
Address 26303 License #	
Vance Long Syn	
Signature of Officer(s) of Corporation	
Insulation Permit Information	
Cumberland Insulation 484-718 Insulation Contractor's Company Name & Address Telephone	
Insulation Contractor's Company Name & Address Telephone	

SCANNED

DATE

Application # 09 500 21510

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)						
1. Do you own the land on which th	nis building w	ill be constructed	?	esno		
2. Have you hired or intend to hire project?	an individual	to superintend ar	nd manage	construction of the yes no		
3. Do you intend to directly control	& supervise	construction activ	ities?y	es no		
4. Do you intend to schedule, contradone?	ract, or direct	ly pay for all phas	ses of consti	ructio n w erk to be 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						
	·		<u> </u>			
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(1110	on Date	Day 10			
Signature of Owner/Contractor/Officer(s) of Corporal	Dal o				
	Norker's C	ompensation N	I.C.G.S. 87	-14		
The undersigned applicant being the:						
General Contractor	Owner	Officer/Agent	of the Contra	ctor or Owner		
Do hereby confirm under penalties of p set forth in the permit:	erjury that the	person(s), firm(s)	or corporation	n(s) performing the work		
Has three (3) or more employee	s and has obt	ained workers' com	pensation in:	surance to cover them.		
Has one (1) or more subcontract	tors(s) and ha	s obtained workers	' compensati	on insurance to cover		
Has one (1) or more subcontract covering themselves.	tors(s) who ha	s their own policy o	of workers' co	empensation insurance		
Has no more than two (2) emplo	yees and no s	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 Sign w/Title:	Land	Developm	ent.			
Sign w/Title:	Preside	nt	_Date: \	26/09		