

\*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 # 09-50021955

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.hamett.org/permits
ication for Residential Building and Trades

	Application for Residential Building and Trades Permit
	Owner's Name: Woodshire Partners LLC Date: 5-12-09
	Site Address: 86 Bluebonnet Oak Ct. Phone: 481-0503
	Directions to job site from Lillington:
	-see directions on back-
	subdivision: Forest Oaks Lot: 180
	Description of Proposed Work: <u>PCS idental</u> #Bedrooms: 4
MAY 14 BITT	Heated SF <u>2277</u> Unheated SF <u>750</u> Finished Rec Room? <u>VES</u> Crawl Space () Slab () General Contractor Information
<b>M</b>	Caviness Land Development 481-0503
2	Building Contractor's Company Name
	639 Executive Place Suite 400 Fay. NC 28305 37485
-	Address License #
	Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation
	Electrical Permit information
	Description of Work CCC Service Size:Amps TPole: Amps TPole:
	TENELECTRIC 487-300
	Electrical Contractor's Company Name  Telephone  43A1 Swyddon Dr. Fau NC 28312 28098-U
	Address License #
	70 L
	Signature of Officer(s) of Corporation
	Mechanical/HVAC Permit Information
	Description of Work HVAC
	<u> </u>
	1910-B Pamalee Dr. Fay NC 28303 2957PHI-3
	Address License #
	Signature of Officer(s) of Corporation
	Plumbing Permit Information
	Description of Work Plumbing #Baths 3
	Plumbing Contractor's Company Name (919) 868 - 0959 Telephone
	P.O. BOX 726 Coats NC 27521 23/60
	Address License #
	Shawn Ilover
	Signature of Officer(s) of Corporation
	Cumber land Insulation Permit Information 484-7118
	Insulation Contractor's Company Name & Address
	1 icense 4 9010

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?	
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 <u>any</u> 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.  EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.	
5-12-09	
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:	1
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.	
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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 arrying out the work.	
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