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	B	CANNED						
	6/3	09						
7	DATE							

\*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.

Insulation Contractor's Company Name & Address

Application # 09-50021957

Hamett County Central Permitting
PO Box 65 Lillington, NC 27546

1-7525 Fax 910-893-2709

910-893-7525 Fax 910-893-2793 www.hamett.org/permits
Application for Residential Building and Trades Permit
Owner's Name: Caviness land Development Date: 4-2-09
Site Address: 124 Bluebonnet Onk Ct. Phone: 481-0503
Directions to job site from Lillington: NC27W to Nursery Rd., turn left.
Turn left on Lemuel Black Rd. Turn left
into Forest Oalls subdivision
Subdivision: Forest Oaks Lot: 182
Description of Proposed Work: Residential #Bedrooms: 3
Heated SF 1950 Unheated SF 552 Finished Rec Room? No Crawl Space () Slab General Contractor Information
Caviness Land Development 481-0503
Building Contractor's Company Name Telephone
639 Executive Place Suite 400 Fay. NC 28305 37485
Address License #
Signature of Over 10 to
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Permit Information
Description of Work Col Service Size: Amps TPole: Amps
TENElectric 487-5000
Electrical Contractor's Company Name Telephone
4341 Swindon Dr. Fay. NC 28312 28098-U
Address License #
Signature of Officer(s) of Corporation
Mechanical/HVAC Permit Information
Description of Work HVAC
Chacco 488-0318
Mechanical Contractor's Company Name  Telephone
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 2/2
Blumbing Contractor's Company No.
Plumbing Contractor's Company Name  Telephone  7.0. Box 724 Coats N.C. 27521 231/-6
Address A
License #
Signature of Officer(s) of Corporation
Insulation Permit Information
umberland Insulation 484-7118

09 500 21957

Please answer the following questions	armana Amaladaa	to Build Their Owi	- Uama	
Questionnaire per G.S. 8/-14	s then see a Permit Techr	nician to determine if you qualifities of Building Perr	ly for permit under O	wners Exemption. ble upon request
1. Do you own the land on wh	nich this building w	ill be constructed?	yes	лө
2. Have you hired or intend to	hire an individual	to superintend and ma	nage construct	
project?	Salar Contract of		yes	no
3. Do you intend to directly col	ntrol & supervise o	construction activities?	yes	no
4. Do you intend to schedule,	contract, or directly			
done?		_	_ yes	110
5. Do you intend to personally completion of construction and presumption under law that you	do you understand	d that if you do not do	cutive months so, it creates the	following e
		•••	yes	no
Mechanical codes, and the Harner contractors is correct as known to number of bedrooms, building and changes, I certify it is my responsil any and all changes.  EXPIRED PERMIT FEES - 6 Month is as per current fee schedule.  Signature of Owner/Contractor/Office	me and if <u>any</u> chan trade plans, Enviror ibility to notify the Ha hs to 2 years permit	ges occur including listenmental Health permit charnett County Central Pere-issue fee is \$150.00.	d contractors, sit langes or propos ermitting Departn	e plan, ed use nent of
		pensation N.C.G.S	87-14	
The undersigned applicant being the	e:	•		·
General Contractor	Owner			
		_ Officer/Agent of the Co	entractor or Owne	er e
Do hereby confirm under penalties o set forth in the permit:				
Do hereby confirm under penalties o	of perjury that the pe	rson(s), firm(s) or corpor	ation(s) performi	ng the work
Do hereby confirm under penalties of set forth in the permit:	of perjury that the pervees and has obtained	rson(s), firm(s) or corpored workers' compensation	ation(s) performi	ng the work
Do hereby confirm under penalties of set forth in the permit:  Has three (3) or more employed.  Has one (1) or more subcontra	of perjury that the per rees and has obtaine ractors(s) and has ob	rson(s), firm(s) or corpored workers' compensation of aircompensation	ation(s) performing insurance to constitution insurance	ng the work over them. to cover
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