\*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

Application # <u>09-500223</u>

Hamett County Central Permitting
PO Box 65 Lillington, NC 27546
3-7525 Fax 910-803-2703 www.base.

910-893-7525 Fax 910-893-2793 www.hamett.org/permits
Application for Residential Building and Trades Permit

Application for residential Dationid Bits (1806) Chille
owner's Name: Caviness land Development Date: 7-9-09
Site Address: 131 Kimbrough Drive Phone: 481-0503
Directions to job site from Lillington: Taxo NC 27W/NC 27. Turn 1eft
on Nursen Turn left on Woodpoint Dr. Tuen
right on Kimbrough Drive
175
Description of Proposed Work: KSidental #Bedrooms: 4
Heated SF <u>2498</u> Unheated SF <u>695</u> Finished Rec Room? <u>No</u> 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 #
Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation
Electrical Permit information
Description of Work Amps TPole:@s/no
TENELECTIC 487-500
Electrical Contractor's Company Name  Telephone
4341 Swindon Dr. Fay, NC 28312 28098-U Address License #
The state of the s
Signature of Officer(s) of Corporation
Mechanical/HVAC Permit Information
Description of Work HVAC
<u>Chacco</u> Mechanical Contractor's Company Name  Telephone
Mechanical Contractor's Company Name  Telephone  910-B Paralel Dx Fau. NC 28303 2957PH1-3
ddress License #
ignature of Officer(s) of Corporation
Plumbing Permit Information
escription of Work plumbing # Baths 2/2
umbing Contractor's Company Name  (919) 868-0959  Telephone
0. Box 726 Coats NC 27521 23160
dress / /// License #
Laura IVoner
nature of Officer(s) of Corporation
Insulation Permit Information  ACA 7110
umber land Insulation 484-1118  Jation Contractor's Company Name & Address Telephone
Jation Contractor's Company Name & Address Telephone
1 11 11 12 12 13 13 13

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 reque	1. 25
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?	
yesno	
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.  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.	
7-9.09	
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:  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:	ĺ
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.	-
Company or Name: Caviness Land Development  Sign w/Title: President Date: 7-9-09	
Sign w/Title: President Date: 7-9-09	

SLAB

Plan Box Number AA-IL

Job Name AUNES

Date: 7-9-09

Required Inspections for SFA/SFD

Appl. #\_09-522378
Valuation # 199722
Sq. Feet 2074

## Sequence

10	DA ma
10-30	- R* Bldg. Footing
20	K Elec Temp Canal
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30-999	Confirmation
30-999	<b>Open Floor</b>
30-999	R* Bldg. Slab Insp.
′ 30-999	Elec. Under Sink
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999	One Trade Final > 2500
	Envir. Operations Permit

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