*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 # <u>09-500 aak</u>
Hamett 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 Today

Application for Residential Building and Trades Permit
Owner's Name: Caviness Land Development Date: 9-3-09
Site Address: 2910 Kimbrough Drive Phone: 481-0503
Directions to job site from Lillington: Take NC 27W. Tuen left on
Nursery Road. Then turn left on wood Point Drive.
Take right 100to Kimbrough Drive
subdivision: Woodshive Lot: 186
Description of Proposed Work: KSiduhal #Bedrooms: 3
Heated SF 2570 Unheated SF 759 Finished Rec Room? Crawl Space (Slab ()
General Contractor Information
Caviness Land Development Building Contractor's Company Name 481-0503 Telephone
639 Executive Place Suit 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 Service Size: Amps TPole:@es/no
TENElectric 531-4913
Electrical Contractor's Company Name Telephone
4341 Swindon Dr. Fay, NC 28312 28098-4
Address License #
Signature of Officer(s) of Corporation
Mechanical/HVAC Permit Information
Description of Work HVAC
<u>Chacco</u> 488-6318
Rechanical Contractor's Company Name Telephone
910-B Pamalee Dr. Fay, NC 28303 2957PH1-3 License #
License #
gnature of Officer(s) of Corporation
Plumbing Permit Information
escription of Work plumbing # Baths 2/2
olover Plumbina (919) 868-0959
Imbing Contractor's Company Name Telephone
0. Box 726 Coats, NC 27521 23/60
dress License #
nature of Officer(s) of Corporation
Insulation Permit Information
umberland Insulation 484-7118
lation Contractor's Company Name & Address Telephone
Liense 4 901046

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 Exem Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon re	otion. :quest)
Do you own the land on which this building will be constructed? yes no	
Have you hired or intend to hire an individual to superintend and manage construction of the project? yesr	
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	ļ
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.	
Signature of Owner/Contractor/Officer(s) of Corporation Date	٠
Affidavit for Worker's Compensation N.C.G.S. 87-14	-
The undersigned applicant being the:	
General Contractor X 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:	k
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.	
	į
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.	
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.	
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.	
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