*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 # 09-5002254

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 Trades

Application for Residential Building and Trades Permit
Owner's Name: Caviness Land Development Date: 8-10-09
Site Address: 141 Bluebonnet Oak Cphone: 481-050.3
Directions to job site from Lillington: NC27W. TURN left on Nursery Rd.
Then left an Wood Point Dr. Right on Kimbrough Dr.
Left at Blue Oak, left on Valley Oak and then left on Blue
Subdivision: Forest Oaks Lot: 186 Care
Description of Proposed Work: RSidential #Bedrooms: 3
Heated SF 1997 Unheated SF 502 Finished Rec Room? N/O Crawl Space () Slab
Caviness Land Development 481-0503
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 Color Service Size:Amps TPole: Ves/no
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 WorkHVAC
Chacco 488-6318
fechanical Contractor's Company Name Telephone
910-B Pamalee Dr. Fay, NC 28303 2957PHI-3
License #
gnature of Officer(s) of Corporation
Plumbing Permit Information
escription of Work <u>plumbing</u> . #Baths 2/2
lover Plumbina (919) 868-0959
Imbing Contractor's Company Name Telephone
0. Box 726 Coats NC 27521 23160
dress License #
All the Alones
nature of Officer(s) of Corporation Insulation Permit Information
umberland Insulation 484-7118
Intion Contractor's Company Name & Address
Telephone License 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 Exemption Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon reque	n. esf
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 110	
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.	
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	
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.	1
$\frac{X}{X}$ 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: 8-10-09	

Plan Box Number AA-14

Job Name CAVINESS LAND DEVEL.

Date: <u>**8**-10-0</u>9

Required Inspections for SFA/SFD

Appl. # 0950022549Valuation # 36,841Sq. Feet 2414

Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	Four Trade Rough In
40	Four Trade Rough In> 2500
40	Three Trade Rough In
40	Three Trade Rough In> 2500
40	Two Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
40	One Trade Rough In > 2500
50	R* Insulation
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	Envir. Operations Permit
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