

SCANNED
10/19/09
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.

Application # 09-50022860
Hamett County Central Permitting
PO Box 65 Lillington, NC 27546
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: 10-19-09
Site Address: 149 Bluebonnet Oak Court Phone: 481-0503
Directions to job site from Lillington: - Directions on attached page -

Subdivision: Forest Oaks Lot: 185
Description of Proposed Work: residential #Bedrooms: 4
Heated SF 2326 Unheated SF 810 Finished Rec Room? YES 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 Owner/Contractor/Officer(s) of Corporation [Signature] Must sign & fill out second page

Electrical Permit Information
Description of Work electrical Service Size: _____ Amps TPole: yes/no
T & N Electric 531-4913
Electrical Contractor's Company Name Telephone
4341 Swindon Dr. Fay, NC 28312 28098-U
Address License #

Signature of Officer(s) of Corporation [Signature]
Mechanical/HVAC Permit Information
Description of Work HVAC
Chacco 488-0318
Mechanical Contractor's Company Name Telephone
1910-B Pamalee Dr. Fay, NC 28303 2957PH1-3
Address License #
Signature of Officer(s) of Corporation [Signature]

Plumbing Permit Information
Description of Work plumbing # Baths 3
Glover Plumbing (919) 868-0959
Plumbing Contractor's Company Name Telephone
P.O. Box 726 Coats, NC 27521 23160
Address License #
Signature of Officer(s) of Corporation Shawn Glover

Insulation Permit Information
Cumberland Insulation 484-7118
Insulation Contractor's Company Name & Address Telephone

License # 901046

OCT 19 2009

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)

1. 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? yes no
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 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

10-19-09

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:

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: [Signature], President Date: 10-19-09

SLAB
GARAGE

Plan Box Number AA-4

Job Name FIRST DAKS

Date: 10-19-09

Required Inspections for SFA/SFD

Appl. # 09500 22860
Valuation \$189,392
Sq. Feet 2915

Sequence		
10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999		Open Floor
30-999	<input checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999	<input checked="" type="checkbox"/>	R*Plumb. Under Slab
40		Four Trade Rough In
40	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	R* Insulation
60		Four Trade Final
60	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Envir. Operations Permit