* 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 # 09-50

Hamett County Central Permitting
PO Box 65 Lillington, NC 27548

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: 5-5-10
Site Address: 150 Blue bonnet Oak Ct. Phone: 481-0503
Directions to job site from Lillington:
subdivision: Forest Oals Lot: 184
Description of Proposed Work:
Heated SF 2277 Unheated SF 110 Finished Rec Room? Crawl Space Slab ()
General Contractor Information
Caviness Land Development 481-0503 Building Contractor's Company Name Telephone
639 Executive Place Suit 400 Fax. 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: @s/no
Tr N Electric 531-4913
Electrical Contractor's Company Name Telephone 4241 Supplied Dr. Fau NC 28312 28098-U
Address C License #
Address
Signature of Officer(s) of Corporation
Mechanical/HVAC Permit Information
Description of Work HVAC
Mechanical Contractor's Company Name 488-03/8 Telephone
1910-B Pamalel Dr. Fay NC. 28303 2957PHI-3
Address License #
Signature of Officer(s) of Corporation Plumbing Permit Information
Description of Work plumbing . #Baths 3
Flover Plumbing (919) 868-0959
Plumbing Contractor's Company Name Telephone
P.O. Box 726 Coats NC 27521 23/60
ddress License #
haun Llover
lignature of Officer(s) of Corporation Insulation Permit Information
Jumperland Insulation 484-7118
Talanhana
sulation Contractor's Company Name & Address

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)		
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? yes no		
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?		
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. 5-5-10		
Signature of Owner/Contractor/Officer(s) of Corporation Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
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		
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Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: General Contractor Owner Owner Officer/Agent of the Contractor or Owner Do hereby confirm under penaltiles 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		
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Crawl

Plan Box Number 1794

Job Name arries Land

Date: 5-5-10

Required Inspections for SFA/SFD

Appl. # 18 09-500 233332_ Valuation 18029C Sq. Feet 2775

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