\*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 # 00-500 23

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548

910-893-7525 Fax 910-893-2793 www.harnett.org/permits
Ication for Residential Building and Trades

Application for Residential Building and Trades Permit
Owner's Name: Cawiness Land Development Date: 1-4-10
Site Address: 105 Valley Oak Drive Phone: 481-0503
Directions to job site from Lillington:
- see attached moe -
Subdivision: FORSH OAKS
LUI.
2071
General Contractor Information
Caviness Land Development 181-0503
Building Contractor's Company Name Telephone
639 Executive Place Swite 400 Fay. NC 28305 37485
License #
Signature of Owner/Contractor/Officer(s) of Corporation  Must sign & fill out second page
Electrical Permit Information
TEN Electric Service Size: Amps TPole: Wes/no
4341 Swindon Dr. Fay NC 28312 28098-U
Address License #
Signature of Officer(s) of Corporation
Mechanical/HVAC Permit Information  Description of Work HVAC
Mechanical Contractor's Company Name  Telephone  Telephone
1910-B Pamalee Dr. Fay NC 28303 2957PHI-3
Address License #
-// Lun
ignature of Officer(s) of Corporation
Plumbing Permit Information
escription of Work <u>plumbing</u> # Baths 3
Umbling Contracted 2 1777
The same of the sa
10. BOX 726 Coats NC 27521 23166 License #
hawn Ilones.
nature of Officer(s) of Corporation
Insulation Permit Information
umberland Insulation 484-7118
ulation Contractor's Company Name & Address Telephone
license# 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 O  Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo availa	wners Exemption. ible upon reques
Do you own the land on which this building will be constructed? yes	по
Have you hired or intend to hire an individual to superintend and manage construct project?  yes	ion of the
3. Do you intend to directly control & supervise construction activities? yes	по
4. Do you intend to schedule, contract, or directly pay for all phases of construction w done?yes	ork to be no
5. Do you intend to personally occupy the building for at least 12 consecutive months 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	l <b>e</b>
I hereby certify that I have the authority to make necessary application, that the application is and that the construction will conform to the regulations in the Building, Electrical, Plumb Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the contractors is correct as known to me and if any changes occur including listed contractors, si number of bedrooms, building and trade plans, Environmental Health permit changes or proporchanges, I certify it is my responsibility to notify the Harnett County Central Permitting Depart any and all changes.  EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re is as per current fee schedule.	e above ite plan, sed use ment of
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 Own	ner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) perform set forth in the permit:	
Has three (3) or more employees and has obtained workers' compensation insurance to o	cover them.
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance them.	e to cover
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation covering themselves.	insurance
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 Perm Department issuing the permit may require certificates of coverage of worker's compensation instead to issuance of the permit and at any time during the permitted work from any person, firm or corporarying out the work.	urance prior
Company or Name: <u>Caviness Land Development</u> Sign w/Title: <u>President Date: 1-4-10</u>	
Sign w/Title: President Date: 1-4-10	_

Plan Box Number AA4

Job Name FOREST OAKS

Date: 1-4-10

Required Inspections for SFA/SFD

Appl. # 0 9-50023414
Valuation #180296
Sq. Feet 2775

## Sequence

10	<b>75.4 75.</b> .
10-30	R* Bldg. Footing
20	R* Elec. Temp Service Pole
	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	
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
	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	
999	One Trade Final > 2500
	Envir. Operations Permit