*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.

h section below to be filled out by	10-500011001
ever performing work. Must be owner nsed contractor. Address, company	Application # 10 -500 à 4081
& phone must match information on	Hamett County Central Permitting PO Box 65 Lillington, NC 27546
A 1	910-893-7525 Fax 910-893-2793 www.hametLorg/permits
<u> </u>	ication for Residential Building and Trades Permit
Owner's Name: WoodSk	nire Fartners of Date: 10-4-10
Site Address: 142	Bluebonnet Phone: 481-0503
Directions to job site from Lilling	ton:
	(attached)
Subdivision: Forest	Oalls Lot: 183
Description of Proposed Work:	residential #Bedrooms: 3
Heated SF 2003 Unheated	SF 585 Finished Rec Room? No Crawl Space () Slab
	General Contractor Information
<u>Caviness Land D</u>	evelopment 481-0503
Building Contractor's Company N	
Address Place Place	ce Suite 400 Fay. NC 28305 37485
Address '	License #
Signature of Owner/Contractor/O	Must sign & fill out second page
وغماص	Electrical Permit information
TE N Electrice	11 CO Service Size:Amps TPole:(\$\vec{1}\vec{1}\vec{2}\vec{1}\vec{1}\vec{2}\vec{1}\vec{2}\vec{1}\vec{2}\vec{1}\vec{2}\vec{1}\vec{1}\vec{2}\vec{1}\vec{1}\vec{2}\vec{1}\vec{1}\vec{2}\vec{1}\vec{1}\vec{2}\vec{1}\vec{1}\vec{2}\vec{1}\vec{1}\vec{2}\vec{1}\vec{1}\vec{2}\vec{1}\vec{1}\vec{2}\vec{1}\vec{1}\vec{1}\vec{2}\vec{1}\vec{1}\vec{1}\vec{2}\vec{1}1
Electrical Contractor's Company N	Vame Telephone
4341 Swadon	Dr. Fau: NC 28312 28098-4
Address C	License #
700	
Signature of Officer(s) of Corporati	
Description of Work HV A	Mechanical/HVAC Permit Information
Description of Work HVF	
Mechanical Contractor's Company	<u>488-63/8</u> Name Telephone
1910-B Pamalee D	Fau. NC 28303 2957PHI-3
Address	License #
ignature of Officer(s) of Corporatio	
	Plumbing Permit Information
escription of Work <u>plum</u>	Baths 272
umbing Contractor's Company Nar	<u>(919) 868-0959</u>
	Y
20. Box 726 Cox digress House	25 NC 27521 23/66 License #
Jan House	
nature of Officer(s) of Corporation	
	Insulation Permit Information
umberland Insu	<u>Jation</u> 484-7118
ulation Contractor's Company Nan	ne & Address Telephone
x	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 request)			
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			
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.			
Signature of Owner/Contractor/Officer(s) of Corporation Date			
Signature of Officer Schild Control (c) of Schild Control (c)			
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.			
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.			
them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance			
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.			
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			

Plan Box Number AA - 4

Job Name Carliness Card Der

Date: <u>6-7-10</u>

Required Inspections for SFA/SFD

Appl. # 10-5-24081 Valuation \$16/584 Sq. Feet 2487

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
	operations i emit