Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match Application # 11 - 500 26967

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

Application for Residential Building and Trades Permit

Owner's Name Katheryn G Waters	Date	
Site Address 36 Parkview Lane Sanford NC 27331	Phone	
Directions to job site from Lillington From 87 South make a left onto N	ursery Road and then continue to the	
left on Nursery road Make a right onto Parkview Lane Lot #5 is the first k	ot on the right	
Subdivision Rosemont by	[Lot 5]	
Description of Proposed Work Building House	# of Bedrooms 3	
	? Crawl Space Slab _	
General Contractor Informa	ation	
Caviness Land Development	910 339 6330	
Building Contractor's Company Name	Telephone	
559 Executive Place Suite 101	janine@cavinessland com	
Address	Email Address	
37485		
License #		
Electrical Contractor Inform	<u>iation</u> lizeAmps T Pole <u></u> ✓YesNo	
	910 531-4913	
B&N Electric		
Electrical Contractor's Company Name	Telephone	
5449 Hwy 210 South Stedman NC 28391	tnelectric@intristar net	
Address	Email Address	
09622 L		
License # Mechanical/HVAC Contractor In	formation	
	TOT MALION	
Description of Work heating & air	910 488 0318	
CHACCO		
Mechanical Contractor's Company Name	Telephone	
1910 B Pamalee Drive	chacco @wmbarqmail com	
Address	Email Address	
2957phi 3		
License #	wallan.	
Plumbing Contractor Inform		
Description of Work plumbing	# Baths_3 1/2	
Glover Plumbing Inc	919 868 0959	
Plumbing Contractor's Company Name	Telephone	
PO Box 726 Coats NC 27521	gloverplumbinginc@rocketmail com	
Address	Email Address	
23160		
License #		
Insulation Contractor Infor		
Cumberland Insulation 4205 Clinton Road Fayetteville NC 28312	910-424 7118	
Insulation Contractor's Company Name & Address	Telephone	

Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technician to determine if you qualify for permit up Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo avairable)	nder Owners Exemption.
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?	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?	YesNo
I hereby certify that I have the authority to make necessary application, that the apparent and that the construction will conform to the regulations in the Building, Electrical Mechanical codes, and the Harnett County Zoning Ordinance. I state the informatic contractors is correct as known to me and that I affirm that I have obtained all listed permission to obtain these permits and if any changes occur including listed continumber of bedrooms, building and trade plans, Environmental Health permit changes changes, I certify it is my responsibility to notify the Harnett County Central Permittiany and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After is as per current fee schedule.	al, Plumbing and on the above discontractors ractors, site plan, or proposed use ng Department of
6/22/11	
Signature of Owner/Contractor/Officer(s) of Corporation Date	
Affidavit for Worker's Compensation N.C.G.S. 87 The undersigned applicant being the:	-14
General Contractor Owner Officer/Agent of the Contra	ctor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation set forth in the permit:	n(s) performing the work
Has three (3) or more employees and has obtained workers' compensation in	surance to cover them.
Has one (1) or more subcontractors(s) and has obtained workers' compensation them.	on insurance to cover
Has one (1) or more subcontractors(s) who has their own policy of workers' covering themselves.	ompensation 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 Opepartment issuing the permit may require certificates of coverage of worker's comp	
to issuance of the permit and at any time during the permitted work from any person carrying out the work.	ensation insurance prior
to issuance of the permit and at any time during the permitted work from any person carrying out the work. Caviness Land Development Company or Name:	ensation insurance prior

Job Name Cavinoss

Date: 6-21-11

Required Inspections for SFA/SFD

Appl. #_1|50026967 Valuation_\$|6|548 Sq. Feet_2487

Sequence

10	R* Bldg. Footing	
10	R* Mono Slab	
10-30	R* Elec. Temp Service Pole	
20	Foundation Survey	w s
20	R* Building Foundation	
20	Address Confirmation	Slab
30-999	Open Floor	
30-999	R* Bldg. Slab Insp.	Mono
30-999	R* Elec. Under Slab	
30-999	R*Plumb. Under Slab	Crawl
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	
50	Two Trade Final > 2500	
50	One Trade Final	
50	One Trade Final > 2500	
999	Envir. Operations Permit	
K. American St. Company		