* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 1250028563

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: Caviness Land Development	Date: 3/15/12
Site Address: 78 Parkview Lane	Phone: 9103396332
Directions to job site from Lillington: From 87S make a left onto Nursery Rd a	and then continue to the left
on Nursery Rd. Make a right into Rosemont subdivision. 4th lot on the right	
Subdivision: Rosemont	Lot: 7
Description of Proposed Work: Building House	# of Bedrooms: 3
Heated SF: 1997 Unheated SF: 661 Finished Bonus Room? Yes	
General Contractor Information	o.a opaes o.as
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 #	
Description of Work electrical Electrical Contractor Information Service Size:	<u>I</u> Amps T-Pole:
B&N Electric	910-531-4913
Electrical Contractor's Company Name	Telephone
5449 Hwy 210 South Stedman, NC 28391	tnelectric@intrstar.net
Address	Email Address
09622-L	Littali Address
License #	
Mechanical/HVAC Contractor Information	ation_
Description of Work heating & air	
Carolina Comfort Air	919-550-7711
Mechanical Contractor's Company Name	Telephone
5215 US Business W Clayton, NC 27520	phillip@carolinacomfortair.com
Address	Email Address
29077	
License #	
Plumbing Contractor Information	
Description of Work Plumbing	_# Baths_ ^{2 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 Information	
Cumberland Insulation 4205 Clinton Road Fayetteville, NC 28312	910-424-7118
Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor must fill out and sign the second page of this application.

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 that I affirm that I have obtained all listed contractors permission to obtain these permits 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.
3/15/12
Signature of Owner/Contractor/Officer(s) of Corporation Date
Signature of Owner/Contractor/Officer(s) of Corporation Date Affidavit for Worker's Compensation N.C.G.S. 87-14
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Signature of Owner/Contractor/Officer(s) of Corporation 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
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:
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
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
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.
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: 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