$\sim$ 1	Date_	
Plan Box #	Job Na	ame Cowiness Cond
App # 125002810	36 Valuation 1559	96 SQ Feet 2401
Inspections for SFD/SFA	4	
Crawl	Slab	Mono
Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address Open Floor	Address	Address
ough In	Slab Rough In	Mono Slab
isulation	Insulation	Rough In Insulation
nal	Final	Final
2500	>2500	>2500
oundation Survey	Envir. Health	Other
ditions / Other		
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ındation		
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Floor		
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\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

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Application # 12500 28 636

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: <sup>3/27/12</sup>	
Site Address: 104 Parkview Lane, Lillington	Phone: 9103396332	
Directions to job site from Lillington: From 87S make a left onto Nurser	ry Rd and then continue to the left	
on Nursery Rd. Make a right into Rosemont subdivision. 6th lot on the rig	ht	
Subdivision: Rosemont	Lot: <sup>9</sup>	
Description of Proposed Work: Building House	# of Bedrooms: 4	
Heated SF: 1962 Unheated SF: 683 Finished Bonus Room	mond .	
General Contractor Information		
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	nation	
Description of Work electrical Service S  B&N Electric	Size:Amps T-Pole: √YesNo 910-531-4913	
Electrical Contractor's Company Name	Telephone	
5449 Hwy 210 South Stedman, NC 28391	tnelectric@intrstar.net Email Address	
Address 09622-L	Email Address	
License #		
Mechanical/HVAC Contractor In	formation	
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	Lindii Addiess	
License #		
Plumbing Contractor Inform	<u>nation</u>	
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 Inform	<u>mation</u>	
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.

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)				
1. Do you own the land or	n which this building will be constructed?	Yes No		
2. Have you hired or intermanage construction of th	nd to hire an individual to superintend and e project?	Yes No		
3. Do you intend to direct	ly control & supervise construction activitie	es? Yes No		
4. Do you intend to sched construction work to be do	dule, contract, or directly pay for all phases one?	s of 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.				
io do por comentación	3/27/12			
Signature of Owner/Contract	tor/Officer(s) of Corporation Date			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
General Contractor		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 carrying out the work.				
Company or Name:	ss Land Development			
Sign w/Title:		Date:		