Plan Box #	Date Job Name_	Caw moss Land
App # <u>12500286</u>	238 Valuation 155931	SQ Feet 2400
Inspections for SFD/SF	A	
Crawl	Slab	Mono
Footing Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough In Insulation Final	Plumbing Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final
>2500 Foundation Survey	>2500 Envir. Health	>2500 Other
Additions / Other		
Footing Foundation		
lab Nono		
pen Floor ough In sulation		
nal		

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Application # 1250028638

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: ^{3/27/12}	
Site Address: 104 Parkview Lane, Lillington	Phone: 9103396332	
Directions to job site from Lillington: From 87S make a left onto Nursery Rd	and then continue to the left	
on Nursery Rd. Make a right into Rosemont subdivision. 6th lot on the right		
Subdivision: Rosemont	Lot: 18	
Description of Proposed Work: Building House	# of Bedrooms: 3	
Heated SF: 1950 Unheated SF: 696 Finished Bonus Room? Yes General Contractor Information	s Crawl Space: Slab: 🗸	
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 Service Size:		
B&N Electric	Amps T-Pole: <u>√</u> YesNo 910-531-4913	
Electrical Contractor's Company Name	Telephone	
5449 Hwy 210 South Stedman, NC 28391	tnelectric@intrstar.net	
Address	Email Address	
09622-L	Email Address	
License #		
Mechanical/HVAC Contractor Inform	<u>nation</u>	
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 Informatio		
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 Informatio Cumberland Insulation 4205 Clinton Road Fayetteville, NC 28312	<u>n</u> 910-424-7118	
Insulation Contractor's Company Name & Address	Telephone	
modules Contractor o Company Haine & Address	relephone	

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

Homeowners Applying to Build Their Own F Please answer the following questions then see a Permit Technician to determine if you qualify for po Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo	ermit under Own	ers Exemption. Don 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 consect months following completion of construction and do you understand that i you do not do so, it creates the presumption under law that you fraudulen secured the permit?	f	No
I hereby certify that I have the authority to make necessary application, that the and that the construction will conform to the regulations in the Building, Ele Mechanical codes, and the Harnett County Zoning Ordinance. I state the info contractors is correct as known to me and that I affirm that I have obtained all I permission to obtain these permits and if any changes occur including listed number of bedrooms, building and trade plans, Environmental Health permit changes, I certify it is my responsibility to notify the Harnett County Central Perany and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. As is as per current fee schedule.	ectrical, Plum rmation on the listed contra- contractors, anges or propormitting Depart	bing and he above ctors site plan, osed use artment of
3/27/12		
Signature of Owner Contractor/Officer(s) of Corporation Date		
Signature of Owner Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the:	. 87-14	
Signature of Owner Contractor/Officer(s) of Corporation Date Affidavit for Worker's Compensation N.C.G.S.		wner
Signature of Owner Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the:	ntractor or O	
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the: General Contractor Owner Officer/Agent of the Co Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation	ntractor or O ation(s) perfo	orming the work
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor	ntractor or O ation(s) perfo n insurance t	orming the work o cover them.
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the: General Contractor Owner Officer/Agent of the Co Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate forth in the permit: Has three (3) or more employees and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation	ntractor or O ation(s) perfo n insurance t nsation insura	orming the work to cover them.
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the: General Contractor Owner Officer/Agent of the Component of the Componen	ntractor or O ation(s) perfo n insurance t nsation insura	orming the work to cover them.
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the: General Contractor Owner Officer/Agent of the Component	ntractor or O ation(s) perfo n insurance t nsation insura s' compensat the Central Pe	orming the work to cover them. tion insurance
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the: ✓ General Contractor Owner Officer/Agent of the Co Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate forth in the permit: — Has three (3) or more employees and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensation them. ✓ Has one (1) or more subcontractors(s) who has their own policy of workers 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 to Department issuing the permit may require certificates of coverage of worker's coto issuance of the permit and at any time during the permitted work from any personal contractors.	ntractor or O ation(s) perfo n insurance t nsation insura s' compensat the Central Pe	orming the work to cover them. tion insurance