

RESIDENTIAL BUILDING APPLICATION

Site Address: 100 W C St. Erwin NC 28339 PIN: 059-7-62-5688.000
Owner: Blackhawk Investment Group Phone: 919 896 2095 Email: blackhawkinvestgroup@gmail.com
Description of Proposed Work: Remodel of home. New electrical, bath Total Job Cost: 45,000

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Blackhawk Investment Group - Harrison Warlick
General Contractor's Company Name
124 Ariel St. Lillington NC 27546
Address
N/A
License #

919 896 2095
Phone
blackhawkinvestgroup@gmail.com
Email

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: all new electrical throughout house
Brycon Electric
Electrical Contractor's Company Name
125 Mattie Dr. Smithfield NC
Address
231549
License #

Service Size: 200 Amps T-Pole: YES ☐ NO ☒
919 280 6493
Phone
bryconelectric@gmail.com
Email

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: No Scope
Mechanical Contractor's Company Name
Address
License #

Phone
Email

PLUMBING CONTRACTOR INFORMATION

Description of Work: update bath, update kitchen, add bathroom # of Fixtures: 7
On Demand Plumbing - Heracio Flores Aguilar
Plumbing Contractor's Company Name
1828 Hockaday Rd. Four Oaks NC 27524
Address
33457
License #

919 632 7536
Phone
heracioflores741@gmail.com
Email


INSULATION CONTRACTOR INFORMATION

N/A
Insulation Contractor's Company Name
Phone

APPLICATION CONTINUES ON BACK

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is known to me and that **by signing below I have obtained all subcontractors 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.



Signature of Owner/Contractor/Officer of Corporation

11/17/25

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

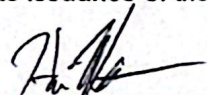
The undersigned applicant being the:

____ General Contractor ☒ Owner ____ Officer/Agent of the Contractor or Owner

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- ____ Has 3 or more employees and has obtained workers' compensation insurance to cover them,
____ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,
☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,
____ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.



Signature of Owner/Contractor/Officer of Corporation

11/17/25

Date