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

Application # 10 506 25 669

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: Dan Barger	Date: 11-29-10	
Site Address: 25 Ruth Circle Fuquay Varian No	27526 Phone: 552-3608	
Directions to job site from Lillington: Leaving Intersection of		
appr. 3 miles towards Fuguray Varing, turn		
go appr 1/4 mi., turn right onto Jouph Alex	index left onto Buth Cicile	
go appr 14 mi. turn right on o souph mer		
Subdivision: Ballard Woods	Lot:	
Description of Proposed Work: Detached Garage / Shop		
Heated SF: Unheated SF: <u>576</u> Finished Bonus Room? <u>A</u> <u>General Contractor Information</u>	Crawl Space: Slab:	
Blackmans Construction	919.422.3067	
Building Contractor's Company Name	Telephone	
1221 Searcy Dr. Willow Springs NC 27592	Chrisdblackman @yabo.com	
Address Address New Blackman Signature of Owner/Contractor/Officer(s) of Cornoration	Email Address	
Chru Bladman	57502	
	License #	
Description of Work wire detected gange Service Size:	100_Amps T-Pole: Yes //No	
Dawsons Electric	201-3841	
Electrical Contractor's Company Name	Telephone	
3754 Cokesbury Rol. Fugury Varine 27526		
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	<u>3759</u> License #	
Signature of Owner/Contractor/Onicer(s) of Corporation Mechanical/HVAC Contractor Inform		
Description of Work		
Mechanical Contractor's Company Name	Telephone	
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Plumbing Contractor Informatic		
Description of Work Plumb detadd gange / 1 est, hose bib	$\frac{\# Baths O}{220 \sqrt{9}C}$	
Zimmer man Plumbing Plumbing Contractor's Company Name	370.1956 Telephone	
	Telephone	
7429 Samders Rd. Willow Springe NC 27592 Address	Email Address	
Least Diversion	30514	
Signature of Owner/Contractor/Officer(s) of Corporation		
Insulation Contractor Information		
Insulating Inc 5902 Fayettville Rol, Releigh Insulation Contractor's Company Name & Address	772-9000	
Insulation Contractor's Company Name & Address	Telephone	

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

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Homeowners Applying to Build Their Own H Please answer the following questions then see a Permit Technician to determine if you qualify for pe		ers Exemption.
Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo	available up	on 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 consecuments following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulent	F	
secured the permit?	<u></u> 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 if <u>any</u> 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.

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Signature of Owner/Contractor/Officer(s) of Corporation

Date

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

The undersigned applicant being the:

\_\_\_ General Contractor \_\_\_\_\_ Owner \_\_\_\_

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.

\_ 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: Blackmans	Construction	
Sign w/Title: Chris Blackm	Blackmons Construction	Date:
	·	

þ Plan Box Number

Job Name Chrs Blackmon Date: \_11-29-17

# Required Inspections for SFA/SFD

## Appl. # <u>10-5-25669</u> Valuation <u>#15028</u> Sq. Feet <u>576</u>

### Sequence

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R\* Bldg. Footing R\* Elec. Temp Service Pole **R\*** Building Foundation **Address Confirmation Open Floor** R\* Bldg. Slab Insp. R\* Elec. Under Slab R\*Plumb. Under Slab Four Trade Rough In Four Trade Rough In> 2500 Three Trade Rough In Three Trade Rough In> 2500 Two Trade Rough In Two Trade Rough In> 2500 One Trade Rough In One Trade Rough In > 2500 **R**<sup>\*</sup> Insulation Four Trade Final Four Trade Final > 2500 Three Trade Final Three Trade Final > 2500 Two Trade Final Two Trade Final > 2500 One Trade Final One Trade Final > 2500 **Envir. Operations Permit**