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

	•				
ection below to be filled out by	Llasmatt Cour	ata Canatani Da	Application #_	10500254	89
ed contractor. Address, company	Harnett Coun	ity Central Pe Lillington, NC 27			
phone must match information on	Telephone Number 9	910-893-7525 ww	w.harnett.org		
Owner's Name:	Application for B	unging ang i L(			
Address: 2929			Date: _	40-213-60	93
· <del>-</del>					
Directions to job site from Lillin					
			A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	A. C. A. A. A. A.	
Subdivision: Wash			Lot:	<del></del>	
Construction Type: (Please C Moved Ho	neck) <u>B</u> y	<u>ilding Use</u> . (P Residential	lease Check)	nmoroial	
Renovation Addition	Other	Modular	Cor _ Mul	ti-Family	
			_	•	
Total Project Cost:		osed vvork: ntractor Infor			
Heated SFCrawl Space	e X	ilding Constri	iction Cost &	_Stories	
Unheated SFSlab ( )	Ad	res Disturbed		_Stories	
Destin Blackwell 13	<u></u>	419	- Ca - 868	<u> </u>	
Building Contractor's Compan	/ Name	l elepho	one	1930	
Unheated SFSlab()  Dest. Black well 1  Building Contractor's Compani Zol Shonon Oski  Address	Choq Jan Ch	Caly	, NC 215-17	License #	
To sand Hans	in			License #	
Signature of Owner/Contracto		ation Must sig	n back of form & w	orkers comp	
Description of Work <u>Election</u>	<u>Electrical I</u>	Permit Inform	nation		
TS Pole: Yes () No () Un	derground() O	Electric /erhead ( )	ai Cost \$	· · · · · · · · · · · · · · · · · · ·	
Permanent Service: Undergro	ound () Overhead	() Service	Size:	Amps	
Piparer Electric Meinten Electrical Contractor's Compa	aver Co, Inc.	9/9-	499-77	67	•
			one		
80 Neill Thomas Rd	<u>Lillington NC 2</u>	7546		21643-U License#	
Address . M				Licerise #	
Signature of Officer(s) of Corp	poration	•			
orginators of ormos (o) or oor		Permit Infor	mation		
Description of Work			·-·		
Number of Units	Type System		Mechanical Cost	1 107	
(byoliva lbox	fort the Inc	(	OUD Y'S	-FIUGU	
Mechanical Contractor's C	May to F	(Smit	mad :	# <i>2</i> 9077	-
Address	T COLOR	NC	7577	License #	
1/100		- 0			
Signature of Officer(s) of		Permit Infor	mation		
Description of Work 7 Jun	bing Figure 1	s eminemon			
Number of Baths 2	_	Plumbi	ng Cost \$		
JAMIE Johnson	Plumbing				
Plumbing Contractor's Comp	any Name		Telephone	21. 114	
1490 CLATK R.	1 Lilling	6- NO-C-	27545	21649 License#	
Address				FICELISE #	
Signature of Officer(s) of Cor	poration				
Insulation I	Permit Information	Residential (	) Other () N	ot Required ()	
	refp. He re	<u> </u>	6- 486.	8855	
insulation Contractor's Comp	any Name & Áddress	3		Telephone	

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 on which this building will be constructed? Yes No
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 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.
4
10/24/10
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  Date  Affidavit for Worker's Compensation N.C.G.S. 87-14
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.  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
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.  Has no more than two (2) employees and no subcontractors.  White 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

Plan Box Number C-(a

Job Name Dushn Blackwell

Date: 10-27-10

Required Inspections for SFA/SFD

Valuation A Sq. Feet

Sequence

10 R\* Bldg. Footing 10-30 R\* Elec. Temp Service Pole 20 R\* Building Foundation 20 Address Confirmation 30-999 Open Floor 30-999 R\* Bldg. Slab Insp. 30-999 R\* Elec. Under Slab 30-999 R\*Plumb. Under Slab 40 Four Trade Rough In 40 Four Trade Rough In> 2500 40 Three Trade Rough In 40 Three Trade Rough In> 2500 40 Two Trade Rough In 40 Two Trade Rough In> 2500 40 One Trade Rough In 40 One Trade Rough In > 2500 50 R\* Insulation 60 Four Trade Final 60 Four Trade Final > 2500 60 Three Trade Final 60 Three Trade Final > 2500 60 Two Trade Final 60 Two Trade Final > 2500 60 One Trade Final 60 One Trade Final > 2500 999 **Envir. Operations Permit**