* 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.

Application # 0750017969

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit

Owner's Name: Blackwell Homes	<u> 7-ئ-7</u>
Address: P.O. Box 427 Mamers, nx	Phone: 910-808-4343
Directions to job site from Lillington: 1.5 mile down 61	
Take left on mcDougald Rd. I mile	
CA / L	Lot: 10
Construction Type: (Please Check) Building Use: (Please Check) VNew Moved House ✓ Residential Renovation Addition Other Modular	
Total Project Cost:Description of Proposed Work:	The state of the s
Heated SFCrawl Space ()Crawl Space ()Crawl Space ()	tion Cost \$
Unheated SFSlab ()	Stories
Destir Blackwell, Inc 919-	Ca - 4686
Destine Black will, Inc. Building Contractor's Company Name ZOI Shanow Oak Circh Suite 1/5 Cay,	e 324/ 62830
Address	License #
Las Lader	
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign	
Description of Work Fleatrical Permit Informa Light Fleatrical Fleatrical Fleatrical	<u>tion</u> Cost \$
TS Pole: Yes () No () Underground 💓 Overhead ()	
Permanent Service: Underground (V Overhead () Service S	ize: <u>200</u> Amps
Progres Electric il bintename Co. Tac. 919-4 Electrical Contractor's Company Name Telephon	99-7767
Po 46 11 T	
80 Ne:1/ Thomas Rd Lillington NC 27546 Address	
1/1/18.	
Signature of Officer(s) of Corporation	
Mechanical Permit Informa	ation
Mechanical Permit Informa	-
Mechanical Permit Information of Work	chanical Cost \$
Description of Work Number of Units Type System Me NVolina Confort Piv MC.	-
Description of Work Number of Units Type System Me NVolina Confort Piv MC.	hanical cost \$ (a) 924-1060 phone 40 #29077
Description of Work Number of Units Type System Mechanical Confector's Company Name A STATE OF THE STATE	hanical cost \$ (a) 924-1060 phone 40 #29077
Description of Work Number of Units Type System Mechanical Contractor's Contrany Name Address Signature of Officer(s) of Corporation Plumbing Permit Information	hanical Cost \$ (A) QALF 10(60) phone Add #20077 License #
Description of Work Number of Units Type System Mechanical Contractor's Contrany Name Signature of Officer(s) of Corporation Description of Work Number of Baths Plumbing Permit Information	phone License #
Description of Work Number of Units Type System Mechanical Contractor's Contrany Name Signature of Officer(s) of Corporation Description of Work Number of Baths Plumbing Permit Information	phone License #
Description of Work Number of Units Signature of Officer(s) of Corporation Plumbing Permit Informa Plumbing Contractor's Company Name Plumbing Contractor's Company Name Plumbing Contractor's Company Name Temperature of Description of Work Plumbing Contractor's Company Name Temperature of Corporation Plumbing Contractor's Company Name Temperature of Corporation Plumbing Contractor's Company Name	phone #2007 License #
Description of Work Number of Units Type System Mechanical Contractor's Contrany Name Signature of Officer(s) of Corporation Description of Work Number of Baths Plumbing Permit Information	phone #2007 License #
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Description of Work Number of Units Signature of Officer(s) of Corporation Plumbing Permit Informat Description of Work Number of Baths Plumbing	chanical Cost \$ A A A A A A A A A A A A A A A A A A
Description of Work Number of Units Signature of Officer(s) of Corporation Description of Work Signature of Officer(s) of Corporation Plumbing Permit Informa Plumbing Contractor's Company Name Tamie Plumbing Contractor's Company Name Telumbing Contractor's Company Name	chanical Cost \$ O OF FIDE Phone A Cost \$ License # Style 216 45 License #

Application	#	٥.	75	100	7	9	<u>৮৭</u>
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Commercial Job Sprinkler	s must fill out this portion System Information	
Sprinkler Contractor's Company Name	Contact & Telephone	
Address	License #	
Signature of Officer(s) of Corporation Fire Alarm	n System Information	
Fire Alarm Contractor's Company Name	Contact & Telephone	-
Address	License #	_
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Tr	ansportation Driveway Access/Permit? Yes	No
Homeowners Apply Please answer the following questions then see a Permit	ying to Build Their Own Home Technician to determine if you qualify for permit under Own	ers Exemption.
Questionnaire per G.S. 87-14 Regulations a		
1. Do you own the land on which this bu		
2. Have you hired or intend to hire an in the project?	dividual to superintend and manage cor	
3. Do you intend to directly control & su	pervise construction activities? yes	no
4. Do you intend to schedule, contract, be done?	or directly pay for all phases of construc	tion work to
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? yesno		
Sign & date		
and that the construction will conform to the Mechanical codes, and the Harnett County Z contractors is correct as known to me and if a	ke necessary application, that the application is regulations in the Building, Electrical, Plumboning Ordinance. I state the information on the changes occur including listed contractors, so permit changes or proposed use changes, I central Permitting Department of any and all changes or proposed use changes, I can be contracted as a contract of any and all changes.	e above ite plan, irtify it is

Application # 075 00 79 69

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

The undersigne	d applicant for Building Permit #being the:
-	General Contractor
	Owner Officer/Agent of the Contractor or Owner
Do hereby confi the work set for	firm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the in the permit:
	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
	Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
<u> </u>	 Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
	Has/have not more than two (2) employees and no subcontractors.
Department is insurance prior	on the project for which this permit is sought it is understood that the Central Permitting suing the permit may require certificates of coverage of worker's compensation to issuance of the permit and at any time during the permitted work from any person, tion carrying out the work.
Firm Name:	Dustin Black well, Inc.
Sign/Title:	Dustin Black well, Inc.
Date:	07-06-07

Plan Box Number F-9

Job Name BLACKWELL

Date: 7-12.07

Required Inspections for SFA/SFD

Appl. # 07.500 1 7969 Valuation \$116,569 Sq. Feet 1.794

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	
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
	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
50	One Trade Final > 2500
999	Envir. Operations Permit
	Zivii. Operations remit