* 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 # <u>075 b017972</u>

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		e: <u>ヿ-し-しヿ</u>
Address P.D. Box 427 Mamers NC 3	Pho	one: <u>910-808-436-2</u>
Directions to job site from Lillington: 1.5 miles do	m 012 US 4	1. Take
left on McDougald Rd. In	ile down or	right
Subdivision: Summerhill		334
Construction Type: (Please Check) New Moved House Renovation Addition Other Building Re	ig Use : (Please Checl sidential (dular I	k) Commercial Multi-Family
Total Project Cost:Description of Propose	d Work:	
	ctor Information	
Unheated SFSlab () Acres	Disturbed	Stories
Destin Blackar Inc Building Contractor's Company Name ZOI Shanow ORK Circh Suite 1/5	919-606-81	26
Building Contractor's Company Name	Telephone	
ZOI Shanow ORG CING Suite 1/3	('ay, NC 27511	52530
Led Laden		License #
Signature of Owner/Contractor/Officer(s) of Corporation	<u>nit Information</u> _Electrical Cost \$ ead ()	
Electrical Contractor's Company Name	1 Giophione	
80 No 11 Thomas 21 14/2/2 111 77		21643-0
OUTENT THOMAS NO LYMMYTON NU 273	76	010150
80 Ne: 11 Thomas Rd Lillington NC 273 Address NS	· 76	License #
Mills.	76	License #
Address Signature of Officer(s) of Corporation Mechanical Per		License #
Signature of Officer(s) of Corporation Mechanical Per		License #
Signature of Officer(s) of Corporation Mechanical Per Description of Work Number of Units Type System	mit Information	Elochisc #
Signature of Officer(s) of Corporation Mechanical Per Description of Work Number of Units Type System Avalina Contact Air InC.	mit Information Mechanical Cos	Elochisc #
Signature of Officer(s) of Corporation Mechanical Per Description of Work Number of Units Type System Mechanical Contractor's Company Name	mit Information	Elochisc #
Signature of Officer(s) of Corporation Mechanical Per Description of Work Number of Units Type System Mechanical Confector's Company Name Address	mit Information Mechanical Cos QQQQQ	#29077
Signature of Officer(s) of Corporation Mechanical Per Description of Work Number of Units Type System Mechanical Confector's Company Name Address Signature of Officer(s) of Corporation Plumbing Perm	Mechanical Cos QQQQ Selephone	#29077
Description of Work Number of Units Mechanical Per Description of Work Number of Units Type System Mechanical Contractor's Company Name Address Signature of Officer(s) of Corporation Description of Work Plumbing Perm	Mechanical Cos QQ Q alephone A 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	#29077
Signature of Officer(s) of Corporation Mechanical Per Description of Work Number of Units Type System Mechanical Contractor's Company Name Address Signature of Officer(s) of Corporation Description of Work Number of Baths 2	Mechanical Cos QQQQ Selephone	#29077
Signature of Officer(s) of Corporation Mechanical Per Description of Work Number of Units Type System Mechanical Contractor's Company Name Address Signature of Officer(s) of Corporation Description of Work Number of Baths 2	Mechanical Cost Alephone Alephone Mit Information Plumbing Cost \$	#29077
Signature of Officer(s) of Corporation Mechanical Per Description of Work Number of Units Mechanical Per	Mechanical Cos QQQQ alephone it Information Plumbing Cost \$ Telephone	21-10(c0- +20077
Signature of Officer(s) of Corporation Mechanical Per Description of Work Number of Units Mechanical Per	Mechanical Cost Alephone Alephone Mit Information Plumbing Cost \$	21-10(c0- +20077
Signature of Officer(s) of Corporation Mechanical Per Description of Work Number of Units Type System Mechanical Control Piv InC Mechanical Control Company Name Address Signature of Officer(s) of Corporation Plumbing Perm Plumbing Control Plumbing Control Plumbing Control Plumbing Control Address Address Address	Mechanical Cos QQQQ alephone it Information Plumbing Cost \$ Telephone	21649
Description of Work Number of Units Signature of Officer(s) of Corporation Mechanical Per Description of Work Number of Units Type System Mechanical Control Piv InC Mechanical Control Piv InC Mechanical Control Piv InC Mechanical Control Mechanical Per Mechani	Mechanical Cos (QQ) QQ Telephone Plumbing Cost \$ Telephone 27545	21649 License #
Description of Work Number of Units Signature of Officer(s) of Corporation Mechanical Per Description of Work Mechanical Control Type System Mechanical Per Mechanical	mit Information Mechanical Cost (A) (A) Falephone Mit Information Plumbing Cost \$ Telephone W. L. 27545	21649 License # lot Required () 2830
Description of Work Number of Units Signature of Officer(s) of Corporation Description of Work Number of Units Signature of Officer(s) of Corporation Plumbing Perm Plumbing Contractor's Company Name Plumbing Contractor's Company Name 1490 Clark Rel Address Signature of Officer(s) of Corporation Insulation Permit Information Resident	mit Information Mechanical Cost (OLO) OLO (Pelephone Mit Information Plumbing Cost \$	21649 License # License #

Application #	٥	75	100	7972	<u>) </u>
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Commercial Job Sprinkler	os 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
	D. U. Their Own Horse	
Homeowners Apply Please answer the following questions then see a Permit	ring to Build Their Own Home Technician to determine if you qualify for permit under Ow	ners Exemption.
Questionnaire per G.S. 87-14 Regulations a	as to Issue of Building Permits (Memo availat	ole upon request)
1. Do you own the land on which this bu	ilding will be constructed? yes	no
2. Have you hired or intend to hire an in the project?	dividual to superintend and manage co	nstruction of no
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 constru yes	ction work to
5. Do you intend to personally occupy to following completion of construction and creates the presumption under law that	i do vou understand mar il you do not e	
Sign & date		
I hereby certify that I have the authority to make and that the construction will conform to the Mechanical codes, and the Harnett County Zo contractors is correct as known to me and if are building and trade plans, Environmental Health my responsibility to notify the Harnett County Count	oning Ordinance. I state the information on the changes occur including listed contractors, permit changes or proposed use changes, I central Permitting Department of any and all changes.	ne above site plan, certify it is
Signature of Owner/Contractor/Officer(s) of Co	rporation Date	

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

,v., •

The undersigne	d applicant for Building Permit #	being the:
9	General Contractor	
	Owner Officer/Agent of the Contractor or Owner	
Do hereby con the work set for	firm under penalties of perjury that the person(th in the permit:	s), firm(s) or corporation(s) performing
	Has/have three (3) or more employees and ha compensation insurance to cover them.	s/have obtained workers'
	 Has/have one (1) or more subcontractors(s) a compensation insurance to cover them. 	nd has/have obtained workers'
<u> </u>	 Has/have one (1) or more subcontractors(s) w workers' compensation insurance covering the 	tho has/have their own policy of emselves.
	_ Has/have not more than two (2) employees a	nd no subcontractors.
Department is insurance prior	on the project for which this permit is sought it is ssuing the permit may require certificates of r to issuance of the permit and at any time durition carrying out the work.	ng the permitted work from any person,
Firm Name:	Dustin Black well, Inc	•
Sign/Title:	Dustin Black well, Inc	(60
Date:	7-6-07	

Plan Box Number F- 9

Job Name BLACK WELL

Date: 7/10-07

Required Inspections for SFA/SFD

Appl. # 0750017972 Valuation # 116,559 Sq. Feet 1794

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
	Chair. Operations Permit