\* 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 #
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 Nar	me: <u>U</u>	) Ocal	shu,	Partin	اعار ود		Date:		
Address: 2	929	Bros	بهرست	e Au	we Smit	100 taydouble	Phon	e: <u>410 - 21</u>	-3-6093
Directions to	job site	e from	Lillingto	on: Hwy	27 We	100 tappendu St. Lett to Woodsho	ليره	Norsery	lock
Left on	um	<u>w</u>	May	k Road	cetti-	to Woodshi	i B	ph-on son	<b>&amp;</b> • • • • • • • • • • • • • • • • • • •
Subdivision:	<u>U</u>	<i>∨</i> ∞	d Sh	u			Lot: _		
Construction New Renovati		Move	d House	е	Res	<u>g Use</u> : (Please sidential dular	C	ommercial ulti-Family	
Total Projec	t Cost:					d Work:			
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Heated SF Unheated S	F	Slab (	)	· .	Acres	g Construction Disturbed  9/9 - 60 Telephone		Stories	
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Building Cor	ntractor V CVV	's Con	npany N ⊃• <b>k</b> r (	lame Cパル S	Suite 115	Telephone Cay, NC	275-1/	523	30
Address	$\sim$	1				77		Licens	e#
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Number of						51 1: 0		<u>-</u>	
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	Application #	
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 Alarn	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 Tra	ansportation Driveway Access/Permit? Yes	No
Homeowners Apply	ying to Build Their Own Home	· · · · · · · · · · · · · · · · · · ·
	Technician to determine if you qualify for permit under Owns	·
	as to Issue of Building Permits (Memo available	
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 con yes	
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
	he building for at least 12 consecutive m I do you understand that if you do not do you fraudulently secured the permit?	
	yes	no
Sign & date	<del>, , , , , , , , , , , , , , , , , , , </del>	
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 C	ke necessary application, that the application is regulations in the Building, Electrical, Plumbioning Ordinance. I state the information on the changes occur including listed contractors, single permit changes or proposed use changes, I cestentral Permitting Department of any and all characterists.	ing and e above ite plan, rtify it is
Signature of Owner/Contractor/Officer(s) of Con	rporation Date	

Application #	

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

The undersigned	applicant for Building Permit #	being the:
	General Contractor	
	Owner Officer/Agent of the Contractor or Owner	
Do hereby confir the work set forth	rm under penalties of perjury that the person(s), firm(s) in the permit:	or corporation(s) performing
	Has/have three (3) or more employees and has/have ob- compensation insurance to cover them.	otained workers'
	Has/have one (1) or more subcontractors(s) and has/ha compensation insurance to cover them.	ve obtained workers'
$\mathcal{L}$	Has/have one (1) or more subcontractors(s) who has/have workers' compensation insurance covering themselves.	
	Has/have not more than two (2) employees and no sub-	contractors.
Department iss insurance prior	n the project for which this permit is sought it is understouing the permit may require certificates of coverage to issuance of the permit and at any time during the performance on carrying out the work.	e of worker's compensation
Firm Name:	Dustin Black well, Inc.	· · · · · · · · · · · · · · · · · · ·
Sign/Title:	Dustin Black well, Inc.	0
Date:	120/08	

## Plan Box Number AA-12

Job Name DUSTIN BLACKWELL

Date: 11-20-08

## Required Inspections for SFA/SFD

Appl. # 08500 190 48
Valuation 186, 469
Sq. Feet 2870

## Sequence

10 10-30 20 20 30-999 30-999 30-999 30-999 40 40 40 40 40 40 50 60 60 60 60 60 60 60	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 Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Final Four Trade Final Four Trade Final Three Trade Final Two Trade Final Two Trade Final
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