

\* 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 #

0850019308

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: Woodshire Partners, LLC Date: \_\_\_\_\_

Address: 2929 Briarwood Avenue Suite 200 Fayetteville Phone: 910-263-6093

Directions to job site from Lillington:  Hwy 27 west Left on Nursery Road Left on Lemuel Black Road Left into Woodshire Right on Seneca

Subdivision: Woodshire Lot: \_\_\_\_\_

Construction Type: (Please Check) Building Use: (Please Check)  
 New  Moved House  Residential  Commercial  
 Renovation  Addition  Other  Modular  Multi-Family

Total Project Cost: \_\_\_\_\_ Description of Proposed Work: \_\_\_\_\_

General Contractor Information

Heated SF \_\_\_\_\_ Crawl Space ( ) Building Construction Cost \$ \_\_\_\_\_  
Unheated SF \_\_\_\_\_ Slab ( ) Acres Disturbed \_\_\_\_\_ Stories \_\_\_\_\_

Dustin Blackwell, Inc 919-606-4686

Building Contractor's Company Name Telephone

201 Sharon Oaks Circle Suite 115 Cary, NC 27511 52830

Address License #

[Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information

Description of Work Electrical Work Electrical Cost \$ \_\_\_\_\_

TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )

Permanent Service: Underground ( ) Overhead ( ) Service Size: \_\_\_\_\_ Amps

Power Electric & Maintenance Co, Inc. 919-499-7767

Electrical Contractor's Company Name Telephone

80 Neill Thomas Rd Lillington NC 27546 21643-U

Address License #

[Signature]  
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work \_\_\_\_\_

Number of Units \_\_\_\_\_ Type System \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_

Carolina Comfort Air Inc. (910) 934-1060

Mechanical Contractor's Company Name Telephone

528 West Market St (Smithfield) #29077

Address License #

[Signature]  
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Plumbing

Number of Baths 2 Plumbing Cost \$ \_\_\_\_\_

JAMIE JOHNSON Plumbing

Plumbing Contractor's Company Name Telephone

1490 Clark Rd Lillington, N.C. 27546 21649

Address License #

[Signature]  
Signature of Officer(s) of Corporation

Insulation Permit Information Residential ( ) Other ( ) Not Required ( )

TII-City Foyehill, NC

Insulation Contractor's Company Name & Address Telephone

**Commercial Jobs must fill out this portion**  
**Sprinkler System Information**

---

Sprinkler Contractor's Company Name \_\_\_\_\_ Contact & Telephone \_\_\_\_\_

---

Address \_\_\_\_\_ License # \_\_\_\_\_

---

Signature of Officer(s) of Corporation \_\_\_\_\_

**Fire Alarm System Information**

---

Fire Alarm Contractor's Company Name \_\_\_\_\_ Contact & Telephone \_\_\_\_\_

---

Address \_\_\_\_\_ License # \_\_\_\_\_

---

Signature of Officer(s) of Corporation \_\_\_\_\_

**Driveway Access** - NC Department of Transportation Driveway Access/Permit?      Yes      No

**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
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 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

---

Sign & date \_\_\_\_\_

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 any changes occur including listed contractors, site plan, 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.

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

\_\_\_\_\_  
Date

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

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

  *P*   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/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.

  *P*   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.

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.

Firm Name:   *Dustin Blackwell, Inc.*  

Sign/Title:   *D Blackwell, CEO*  

Date: \_\_\_\_\_

