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.

0850019310

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 Name: Woo	ismu raum	my ,ccc		Date:	
Address: 2929 &	excusor Au	rul Sust 200	tapdovila	_Phone; <u></u>	110-263-60
Directions to job site from	n Lillington: 💥 🚾	y 27 west	.Lett	لل مه	very lock
Left on Cennul	Black Rose	x cutions	Workhin	Bet.	-on Senera
Subdivision:	od Shu			_Lot:	
Construction Type: (Plea _ New Move _ Renovation Addi	ase Check)	Buildina L	lse: (Please C	Check)	
otal Project Cost:					
leated SFCrawl	Space ()	neral Contractor Building C	<u>Information</u> Construction C	l Cost \$	
inheated SE — Slah /	1	Building C Acres Dis	turbed	S	tories
Destin Black an uilding Contractor's Con ZOI Shanou	ell, Inc		919-60c	- 4626	
Juilding Contractor's Co	mpany Name	To To	elephone		
ZOI Shanou	ORKE CITY	Sut 2/15	Cay, NC 2	15-11	52830
0020055			(•		License #
I Call 180	aden				
gnature of Owner/Cont				form & worke	ars comp
	ノフ・1	ectrical Permit	nformation	_	
escription of Work	Cetrical h	Overboad	ectrical Cost	\$	
S Pole: Yes () No (ermanent Service: Und) Onderground (deraround () C) Overnead Nerhead () S	() ervice Size:		Amne
over Electric Mb	intercere Co, 24	<u> </u>	177-479	- ++6	7
lectrical Contractor's Co	ompany Name	11	elepnone		
CONe:// Thomas ddress/ NA —	Kd Lillington	NC 2754	<u>G</u>	_	21643-U
ddress					License #
Merli B.		2			
Signature of Officer(s) of	•				
		chanical Permit			
Description of Work Number of Units					<u></u>
Number of Units	Type S	yalem	Mechanic	at Cost \$	
(hydim a	contact A	iv inc.	(919)	1934	10(0)
Mechanical Contract	or's Company Name	CV 202 P	elephon	9	<i>α</i>
528 (12)	SYVO'LL KE	C) to t	VIHATICAL	\mathcal{I}_{-}	<u>24() /</u> /
Address		N.	C 275	- h1	cense #
			•		
Signature of Officer					
	, PI	umbing Permit	<u>Information</u>		
escription of Work?	, PI			•	
escription of Work?	Plumbing Pl	n	Information	\$	
escription of Work?	Plumbing Pl	n	lumbing Cost		
escription of Work? umber of Baths2 Jamie Juhns. lumbing Contractor's C	Plumbing Plumbing company Name	P	lumbing Cost	none	
Description of Work? Itumber of Baths2 Jamie Juhnsing Contractor's C 1490	Plumbing Plumbing company Name	P	lumbing Cost	none	
Description of Work 2 Number of Baths 2 Danie Jahns. Plumbing Contractor's C	Plumbing Pl	P	lumbing Cost	none	
Description of Work? Jamie Johns. Plumbing Contractor's C 1490 Clark Address Jam Johns John Jo	Plumbing Plumbing Company Name Le	P	lumbing Cost	none	
Description of Work? Iumber of Baths2 Tamiē Johns. Plumbing Contractor's C 1490 Clark Iddress Chature of Officer(s) of	Plumbing Plumbing Company Name Le		lumbing Cost Teleph	none ,	21649 License#
Description of Work? Iumber of Baths2 Tamiē Johns. Plumbing Contractor's C 1490 Clark Iddress Chature of Officer(s) of	Plumbing company Name Lub L f Corporation tion Permit Inform	ر سلامرازاز: mation Resident	lumbing Cost Teleph	none ,	21649 License#

	Application #	
Commercial Job Sprinkler S	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	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 Transportation Driveway Access/Permit? Yes No		
Homeowners Applyi Please answer the following questions then see a Permit Te	ing to Build Their Own Home schnician to determine if you qualify for permit under Owne	ers 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 build	ding 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		
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 <u>any</u> 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

Application #_	
Application #_	

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

The undersigned	d applicant for Building Permit #	being the:
	General Contractor Owner	
	Officer/Agent of the Contractor or Owner	
Do hereby confi the work set fort	irm under penalties of perjury that the person(s), firm(s) h in the permit:	or corporation(s) performing
+ +	Has/have three (3) or more employees and has/have ob compensation insurance to cover them.	tained workers'
	Has/have one (1) or more subcontractors(s) and has/have compensation insurance to cover them.	ve obtained workers'
\mathcal{L}	Has/have one (1) or more subcontractors(s) who has/ha workers' compensation insurance covering themselves.	ve their own policy of
	Has/have not more than two (2) employees and no subc	ontractors.
Department iss insurance prior	on the project for which this permit is sought it is understood the permit may require certificates of coverage to issuance of the permit and at any time during the permit on carrying out the work.	of worker's compensation
Firm Name:	Dustin Black well, Inc.	
Sign/Title: C	Dustin Black well, Inc.	0
Date:	•	

Time Box Mailloci	Plan Bo	x Number	6-1
-------------------	---------	----------	-----

Job Name BLACKWELL

Date: 6-20-08

Required Inspections for SFA/SFD

Appl. # 08500 19310
Valuation # 195,564
Sq. Feet 3010
W/ GARREE

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
10	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
50	One Trade Rough In > 2500
60	R* Insulation
60	Four Trade Final
60	Four Trade Final > 2500
	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
_	- L mono r outife

e y j

; ;

·,