\* 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.

Harnelt County Central Permitting   Constitution Address, company		-				2000	aunu
Address: 298   Secretary   According to the phone: 410-243-693-67   Directions to job site from Lillington: 1994   According to the phone: 410-243-693-67   Subdivision: 2005   Secretary   According to the phone: 410-243-67   Subdivision: 2005   According to the phone: 410-243-67   Subdivision: 2005   According to the phone: 410-243-67   Heated SF	action below to be filled out by or performing work. Must be owner ad contractor. Address, company whone must match information on	Telephone N	D Box 65 Lilling Jumber 910-89	entral mermittin ton, NC 27546 3-7525 www.barn	ig ett ord		7977
Address: 299   Secretary   Annual Sultant   Phone: 410-243-689   April   Directions to job site from Lillington:   Heart   Annual Sultant   An	Owner's Name: Workship	Doubles	or Buildii	ng and I rade	Permit Pate:	hocky	
Directions to job site from Littington:  Littory Month Road Cut - Wanth - Privations (String Construction Type: (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 Stab () Acres Disturbed Stories  Description of Work String Stab () Acres Disturbed Stories  Total Project Company Name  Zot SA canow Other Suite Information  Building Construction Cost \$  Unheated SF Stab () Acres Disturbed Stories  Description of Work Company Name  Zot SA canow Other Contractor/Officer(s) of Corporation - Must sign back of form & workers compellectrical Permit Information  Description of Work Company Name  Description of Work Company Name  Description of Work Company Name  Electrical Contractor's Company Name  Description of Work Company Name  Work Company Name  Description of Work Company Name  Work Company Name  Description of Work Company Name  Nechanical Permit Information  Description of Work Company Name  Number of Baths  Plumbing Contractor's Company Name  Plumbing Contractor's Company Name  Description of Work Company Name  Number of Officer(s) of Corporation  Plumbing Contractor's Company Name  Description of Work Company Name  Telephone  1490 Clark Ld Lilling N. L. 27545  Clicense #  Clicense #  Company Name  Telephone  1490 Clark Ld Lilling N. L. 27545  Clicense #  Clicense #  Company Name  Telephone  1490 Clark Ld Lilling N. L. 27545  Clicense #  Clicense #  Company Name  Telephone  1490 Clark Ld Lilling N. L. 27545  Clicense #  Clicense #  Company Name  Comp					Phone: 6	1/0 - 263-	6093 91
Subdivision:	· · · · · · · · · · · · · · · · · · ·						
Subdivision: Construction Type: (Please Check) New Moved House Restrictial Commercial New Moved House Restrictial Commercial Referovation Addition Other Modular Multi-Family  Total Project Cost: Description of Proposed Work:  General Contractor Information Heated SF Stab () Building Construction Cost \$ Unheated SF Stab () Acres Disturbed Stories  Unheated SF Stab () Acres Disturbed Stab () Stories Stab							
New Moved House 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  District Market Inc.  1							_
Total Project Cost:	New Moved Ho	use	Resi	dential	Comm	nercial Family	
Heated SF Crawl Space () Building Construction Cost \$ Unheated SF Slab () Acres Disturbed Stories  Destrict Black and Jac Building Construction Cost \$ Stories Stories  Description of Work Crad Suite //S (Aug., No. 2751) 52330  Address License #  Signature of Owner Contractor/Officer(s) of Corporation — Must sign back of form & workers camp  Electrical Permit Information  Description of Work Section Mark Electrical Cost \$ TS Pole: Yes () No () Underground () Overhead () Service Size: Amps  Parament Service: Underground () Overhead () Service Size: Amps  Parametric I building of Corporation  Building Contractor's Company Name Telephone  Secription of Work Price System Mechanical Permit Information  Description of Work Price System Mechanical Cost \$ Signature of Officer(s) of Corporation  Description of Work Price System Mechanical Cost \$ Signature of Officer(s) of Corporation  Description of Work Price System Mechanical Cost \$ Signature of Officer(s) of Corporation  Description of Work Price System Mechanical Cost \$ Signature of Officer(s) of Corporation  Description of Work Price System Mechanical Cost \$ Signature of Officer(s) of Corporation  Description of Work Price System Mechanical Cost \$ Signature of Officer(s) of Corporation  Description of Work Price System Mechanical Cost \$ Signature of Officer(s) of Corporation  Plumbing Permit Information  Plumbing Cost \$ Description of Work Price System Plumbing Cost \$ Description of Work Plumbing Cost \$ Description of Work Plumbing Cost	_	<del>_</del>				<b>,</b>	
Heated SFSlab ()		Gene	rai Contrac	tor Informatio	n		_
Building Contractor's Company Name  Zol Shanow Oak Circle Sufferlies  Address  Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp  Electrical Permit Information  Description of Work Electrical Information  Description of Work Information  Description o	Heated SFCrawl Space	e()	Building	Construction	Cost \$	Name in a	_
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp  Electrical Permit Information  Description of Work	The stan Start and A	Fac	Acres L	osturbed	6 - 4696	otories	_
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp  Electrical Permit Information  Description of Work	Building Contractor's Company	y Name		Telephone	-720		_
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp  Electrical Permit Information  Description of Work	ZOI Shanow 084	Circle S	uite 115	Cay, NC.	275-11	52330	
Description of Work Fleetrical Permit Information  TS Pole: Yes () No () Underground () Overhead () Service Size:	Address Land	<u>'</u> 1-1-		(	-	License #	
Description of Work Flort is No. () Underground () Overhead () Permanent Service: Underground () Overhead () Perma	Signature of Owner/Contractor					ers comp	
TS Pole: Yes () No () Underground () Overhead () Service Size:	Description of Work Elect	rical Elec	trical Perm	it Information Electrical Cos	<u>t</u> st:\$		
Electrical Contractor's Company Name  Signature of Officer(s) of Corporation  Mechanical Permit Information  Description of Work  Number of Units  Signature of Officer(s) of Corporation  Mechanical Contractor's Conjugany Name  Address  Signature of Officer(s) of Corporation  Mechanical Permit Information  Mechanical Cost 5  Address  Signature of Officer(s) of Corporation  Plumbing Permit Information  Description of Work  Number of Baths  Telephone  1490 Clark Collegion  Plumbing Cost 5  Tami E Johnson Plumbing  Address  License #  Signature of Officer(s) of Corporation  Insulation Permit Information Residential () Other () Not Required ()  Tri - C. + y Fraction III.  Signature Officer(s) of Corporation  Insulation Permit Information Residential () Other () Not Required ()  Tri - C. + y Fraction III.	TS Pole: Yes () No () Un	derground ()	Overhe	ad ( )			_
Electrical Contractor's Company Name  ### Telephone  ### Address #		- •	, ,		-		
Address  Signature of Officer(s) of Corporation  Mechanical Permit Information  Description of Work  License #  Signature of Officer(s) of Corporation  Mechanical Permit Information  Description of Work  Address  Signature of Officer(s) of Corporation  Plumbing Permit Information  Plumbing Cost \$  Tamie Johnson Plumbing  Plumbing Contractor's Company Name  1490 Clark Ld Lilling N.C. 27514 21649  Address  Signature of Officer(s) of Corporation  Insulation Permit Information  Residential () Other () Not Required ()  Tri-City Frychamic N.C. 2565	Flectrical Contractor's Compa	a <i>wr Co, Zac.</i> ny Name	<del></del> ·	Telephone	1- ++6	7	_
Signature of Officer(s) of Corporation    Description of Work				•		21/043-1	, ,
Description of Work  Number of Units  Type System  Mechanical Cost 3  Wechanical Control Cost 5  Mechanical Cost 5  Mechanica				<u>,                                    </u>	4		<b>~</b>
Description of Work  Number of Units  Type System  Mechanical Cost 3  Wechanical Control Cost 5  Mechanical Cost 5  Mechanica	Mills.						
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Mechanical Confector's Corrupany Name  Signature of Officer(s) of Corporation  Plumbing Permit Information  Plumbing Cost \$  Tamie Johnson Plumbing  Plumbing Contractor's Company Name  Telephone  1490 Clark Ld Lilling N.C. 2757/5 21649  Address  Signature of Officer(s) of Corporation  Insulation Permit Information  Residential () Other () Not Required ()  Tri-City Faychlands, N.C. 500 - 486 - 8850	•	Time Pro-		Machae	rical Cost \$	<del></del>	_
Mechanical Contractor's Company Name    Signature of Officer(s) of Corporation	hydim (ha	· ·		(a)a	1991	10700-	
Signification of Officer(s) of Corporation  Description of Work  Number of Baths  Telephone  1490 Clark Lcl Lillingh N.C. 27545  Address  Sonature of Officer(s) of Corporation  Insulation Permit Information Residential () Other () Not Required ()  Tri-City Karchanile, N.C. 560 -486 -8855	Mechanical Contractor's C		20 /0	ondele /	ine	$\Omega$	
Signature of Officer(s) of Corporation  Plumbing Permit Information  Plumbing Cost \$  Tamie Johnson Plumbing  Plumbing Contractor's Company Name  Telephone  1490 Clark Rd Lillingh N.C. 27545  Address  License #  Signature of Officer(s) of Corporation  Insulation Permit Information  Residential () Other () Not Required ()  Tri-City Frychwilk, N.C. 560-486-8855	Address	TIMITES		STITLE OF		icense#	
Plumbing Permit Information  Description of Work  Number of Baths  Plumbing Cost \$  Tamie Johnson Plumbing  Plumbing Cost \$  Telephone  1490 Clark & L.	//	<del></del>		1110 211	, , ,		
Number of Baths	Signature of Officer(s) of C			. ** 1 4	_		
Number of Baths	Description of Work 715n		mbing Pern	iit iniormatioi	1		
Plumbing Contractor's Company Name  1490 Clark & L. Lillingham, N.C. 27545  Address  Signature of Officer(s) of Corporation  Insulation Permit Information  Tri-City Frychwile, N.C. 27545  Tri-City Frychwile, N.C. 27545  Telephone  Telephone  License #  Signature of Officer(s) of Corporation  Residential () Other () Not Required ()  Tri-City Frychwile, N.C. 500 - 486 - 8855				Plumbing Co	st \$		_
Address  Signature of Officer(s) of Corporation  Insulation Permit Information  Tri-City Frychluste, NC 500-486-8855						····	_
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Schature of Officer(s) of Corporation  Insulation Permit Information Residential () Other () Not Required ()  Tri-City FrycHulle, NC 5/0-486-8855		<u>                                     </u>	lingh-	N.L. 21)	<u>4 &gt;</u>		_
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Insulation Permit Information Residential () Other () Not Required ()  Tri-City FrycHwill, NC 5/0-486-8855	Sonature of Officer(s) of Corp	ooration					
11-9011-00-12	Insulation F	ermit Informa	* -		er () Not f	Required ()	. ^
				7	<u> </u>	Telephone	•

	Application #			
Commercial Jo Sprinkle	bs must fill out this portion r System Information			
Sprinkler Contractor's Company Name	Contact & Telephone	_		
Address	License #	_		
Signature of Officer(s) of Corporation Fire Alarr	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	ransportation Driveway Access/Permit? Yes	No		
Homeowners Apply Please answer the following questions then see a Permit  Questionnaire per G.S. 87-14 Regulations a	ying to Build Their Own Home Technician to determine if you qualify for permit under Own 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 include the project?	dividual to superintend and manage con			
3. Do you intend to directly control & sur	pervise construction activities? yes	no		
4. Do you intend to schedule, contract, obe done?	or directly pay for all phases of construct	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?  yes no				
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 Zor contractors is correct as known to me and if any building and trade plans, Environmental Health my responsibility to notify the Harnett County Ce	regulations in the Building, Electrical, Plumbir ning Ordinance. I state the information on the y changes occur including listed contractors, sit permit changes or proposed use changes, I cen	ng and above e plan, tify it is		

Date

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

Application #	ŧ

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

The undersigned	d applicant for Building Permit #	being the:
P	General Contractor Owner Officer/Agent of the Contractor or Owner	
	_ Officer/Agent of the Contractor of Owner	
Do hereby conf the work set fort	firm under penalties of perjury that the person(s), firm( th in the permit:	s) or corporation(s) performing
<del></del>	Has/have three (3) or more employees and has/have compensation insurance to cover them.	obtained workers'
	Has/have one (1) or more subcontractors(s) and has/ compensation insurance to cover them.	nave obtained workers'
$-\cancel{\Sigma}$	Has/have one (1) or more subcontractors(s) who has/ workers' compensation insurance covering themselve	have their own policy of s.
	_ Has/have not more than two (2) employees and no su	bcontractors.
Department iss insurance prior	on the project for which this permit is sought it is unders suing the permit may require certificates of covera to issuance of the permit and at any time during the p ion carrying out the work.	ge of worker's compensation
Firm Name:	Dustin Black well Inc.	
Sign/Title:	Dustin Black will, Inc.	60
Date:	- ,	