

* 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 # 0850020240

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: The Harnett Land Group, II Date: _____
Address: PO. Box 427 Manganese, NC 27552 Phone: 919-606-4696
Directions to job site from Lillington: 1.5 miles down US 421. Take left on Medford Road 1 mile turn right into subdivided R/W. or Oakleaf Court
Subdivision: Summerhill 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: New Construction Single Family

*finish
bonus
room
as playroom*

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

Destin Blackwell, Inc (DBI) 919-606-4696
Building Contractor's Company Name Telephone
201 Shannon 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. (919) 931-1060
Mechanical Contractor's Company Name Telephone
528 West Market St (Smithfield) #29077
Address NC 27577 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 ()

Joi City (Kaysville) 910-486-8855
Insulation Contractor's Company Name & Address Telephone

Commercial Jobs must fill out this portion	
<u>Sprinkler System Information</u>	
Sprinkler Contractor's Company Name	Contact & Telephone
Address	License #
Signature of Officer(s) of Corporation	
<u>Fire Alarm System Information</u>	
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 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:

- 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.

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: Degen Blackwell, Inc

Sign/Title: A. Blackwell, CEO

Date: _____

ACORD INSURANCE BINDER

OP ID PG

DATE (MM/DD/YY)

05/16/08

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER
 Cape Fear Insurance Agency, Inc
 P.O. Box 1565
 Lillington NC 27546
 Keith R Thomas

PHONE (A/C, No., Ext): 910-893-5707
 FAX NO. (A/C, No., Ext): 910-893-2077

COMPANY
 The Hartford
 BINDER # 960

EFFECTIVE		EXPIRATION	
DATE	TIME	DATE	TIME
06/27/07	AM	06/27/08	12:01 AM
	PM		NOON

CODE: SUB CODE:
 AGENCY CUSTOMER ID: DBICO-1
 INSURED
 Dustin Blackwell Inc. T/A DBI
 PO Box 427
 Manners NC 27552

910-808-4363

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: 6960UB-0684L32-

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)

PROPERTY	TYPE AND LOCATION OF PROPERTY	COVERAGE/PERILS/FORMS	AMOUNT	DEDUCTIBLE	COINS %

LIABILITY	COVERAGE/FORMS	EACH OCCURRENCE	AGGREGATE
<input type="checkbox"/> SCHEDULED FORM <input type="checkbox"/> COMPREHENSIVE FORM			
<input type="checkbox"/> PREMISES/OPERATIONS			
<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS			
<input type="checkbox"/> CONTRACTUAL			
OTHER:			
<input type="checkbox"/> MEDICAL PAYMENTS		PER PERSON	\$
<input type="checkbox"/> PERSONAL INJURY		PER ACCIDENT	\$
	FORM: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		\$

AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT
<input type="checkbox"/> ANY AUTO	\$
<input type="checkbox"/> ALL OWNED AUTOS	\$
<input type="checkbox"/> SCHEDULED AUTOS	\$
<input type="checkbox"/> HIRED AUTOS	\$
<input type="checkbox"/> NON-OWNED AUTOS	\$
<input type="checkbox"/> GARAGE LIABILITY	\$

AUTO PHYSICAL DAMAGE	DEDUCTIBLE	ALL VEHICLES	SCHEDULED VEHICLES	ACTUAL CASH VALUE
<input type="checkbox"/> COLLISION:				\$
<input type="checkbox"/> OTHER THAN COL:				\$

EXCESS LIABILITY	EACH OCCURRENCE	AGGREGATE	SELF-INSURED RETENTION	STATUTORY LIMITS
<input type="checkbox"/> UMBRELLA FORM	\$	\$	\$	
<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
<input type="checkbox"/> WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				EACH ACCIDENT \$ 100000 DISEASE - POLICY LIMIT \$ 500000 DISEASE - EACH EMPLOYEE \$ 100000

SPECIAL CONDITIONS/ OTHER COVERAGES

NAME & ADDRESS

MORTGAGEE ADDITIONAL INSURED
 LOSS PAYEE

LOAN #
 Keith Thomas
 AUTHORIZED REPRESENTATIVE

Keith R Thomas

Plan Box Number B-8

Job Name Blackwell

Date: 6-10-08

Required Inspections for SFA/SFD

Appl. # 0850020260
Valuation \$148,395
Sq. Feet 2284

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