

* 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 # 21182

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: BJT Tingen Place, LLC Date: 10/28/08
Address: 108 Thomas Mill Road Sub 165 Holly Springs Phone: 919-656-6900
Directions to job site from Lillington: Hwy 276 Left on Tingen Road Left on Tower Drive Right on Micro Court
Subdivision: Tingen Place Lot: 55

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 1442 Crawl Space Building Construction Cost \$ _____
Unheated SF _____ Slab Acres Disturbed _____ Stories _____

Destin Blackwell, Inc 919-666-4686
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 N.C. 27511 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 ()

Tri City Fayetteville NC 910-486-8855
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 10/30/08

Application # _____

**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: _____

