

This section below to be filled out by  
never performing work. Must be owner  
licensed contractor. Address, company  
name & phone must match information on  
license.

Application # 0950021661

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 Greenwood Avenue Suite 200 Fayetteville Phone: 910-263-6093  
Directions to job site from Lillington:  Hwy 27 West Left on Nursery Road  
Left on Central Bank Road Left into Woodshire Right on Seawall

Subdivision: Woodshire Lot: \_\_\_\_\_  
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 \_\_\_\_\_ Crawl Space ( ) \_\_\_\_\_  
Unheated SF \_\_\_\_\_ Slab ( ) \_\_\_\_\_  
Building Construction Cost \$ \_\_\_\_\_  
Acres Disturbed \_\_\_\_\_ Stories \_\_\_\_\_  
Dest. Blackwell, Inc Telephone 919-602-4626  
Building Contractor's Company Name \_\_\_\_\_ License # \_\_\_\_\_  
P.O. Box 427 MAMERS, NC 27552  
Address \_\_\_\_\_

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. Telephone 919-499-7767  
Electrical Contractor's Company Name \_\_\_\_\_ License # \_\_\_\_\_  
80 Neill Thomas Rd Lillington NC 27546  
Address \_\_\_\_\_

Signature of Officer(s) of Corporation \_\_\_\_\_  
**Mechanical Permit Information**  
Description of Work \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_  
Number of Units \_\_\_\_\_ Type System \_\_\_\_\_  
Chryslina Comfort Air Inc. Telephone (919) 931-1060  
Mechanical Contractor's Company Name \_\_\_\_\_ License # \_\_\_\_\_  
528 West Market St (Smithfield)  
Address \_\_\_\_\_ N.C. 27577

Signature of Officer(s) of Corporation \_\_\_\_\_  
**Plumbing Permit Information**  
Description of Work Plumbing Plumbing Cost \$ \_\_\_\_\_  
Number of Baths 2  
Jamie Johnson Plumbing Telephone \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ License # \_\_\_\_\_  
1490 Clark Rd Lillington, N.C. 27546  
Address \_\_\_\_\_

Signature of Officer(s) of Corporation \_\_\_\_\_  
**Insulation Permit Information** Residential ( ) Other ( ) Not Required ( )  
Tri-City Fayetteville, NC Telephone 910-486-8955  
Insulation Contractor's Company Name & Address \_\_\_\_\_

**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**

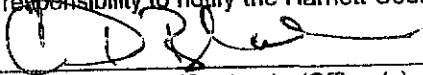
Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

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.

	3/3/09
Signature of Owner/Contractor/Officer(s) of Corporation	Date

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: \_\_\_\_\_