

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

Application # 0950021662

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 Beechwood 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 Seneca

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 \_\_\_\_\_  
Destin Blackwell, Inc Telephone 919-602-4626  
Building Contractor's Company Name \_\_\_\_\_  
P.O. Box 427 MAMERS, NC 27552 License # 52330  
Address \_\_\_\_\_

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp  
[Signature]

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 \_\_\_\_\_  
80 Neill Thomas Rd Lillington NC 27546 License # 21643-U  
Address \_\_\_\_\_

Signature of Officer(s) of Corporation  
[Signature]

**Mechanical Permit Information**  
Description of Work \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_  
Number of Units \_\_\_\_\_ Type System \_\_\_\_\_  
Carolina Comfort Air Inc. Telephone (919) 934-1060  
Mechanical Contractor's Company Name \_\_\_\_\_  
528 West Market St (Smithfield) License # #29077  
Address \_\_\_\_\_ NC 27577

**Plumbing Permit Information**  
Description of Work Plumbing Plumbing Cost \$ \_\_\_\_\_  
Number of Baths 2  
Janie Johnson Plumbing Telephone \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_  
1490 Clark Rd Lillington, N.C. 27544 License # 21649  
Address \_\_\_\_\_

Signature of Officer(s) of Corporation  
[Signature]  
**Insulation Permit Information** Residential ( ) Other ( ) Not Required ( )  
Tii-City Fayetteville, NC Telephone 910-486-8855  
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**

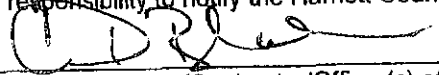
Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

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.

 _____ Signature of Owner/Contractor/Officer(s) of Corporation	_____ 3/3/09 _____ Date
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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: \_\_\_\_\_

CRAWL GARAGE

Plan Box Number F-9

Job Name WOODSHIRE

Date: 3-18-09

Required Inspections for SFA/SFD

Appl. # 0950021662  
Valuation \$206,934  
Sq. Feet 3185

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999	<input type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input type="checkbox"/>	R* Plumb. Under Slab
40	<input type="checkbox"/>	Four Trade Rough In
40	<input checked="" type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input type="checkbox"/>	Four Trade Final
60	<input checked="" type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit

