

\* 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 #

0950022074

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 Bryancourt Avenue Suite 200 Fayetteville Phone: 910-263-6093  
Directions to job site from Lillington:  Hwy 27 West Left on Nursing Road Left on Central Black Road Left into Woodshire Right on Seneca  
Subdivision: Woodshire 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: \_\_\_\_\_

**General Contractor Information**

Heated SF  Crawl Space ( ) Building Construction Cost \$ \_\_\_\_\_  
Unheated SF  Slab ( ) Acres Disturbed \_\_\_\_\_ Stories \_\_\_\_\_  
Dustin Blackwell, Inc 919-66-4686  
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 \$ \_\_\_\_\_  
Covington Comfort Air Inc. (919) 934-1060  
Mechanical Contractor's Company Name Telephone  
528 West Market St Smithfield #29077  
Address License #  
NC 27577

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

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

[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential ( ) Other ( ) Not Required ( )

TRF City Insulation Fayetteville NC, 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

5/11/09  
\_\_\_\_\_  
Date

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

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

- D*   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.

  *D*   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

PLAN BOX NUMBER D-7

JOB NAME DUSTIN BLACKWELL

DATE 5-26-09

REQUIRED INSPECTIONS FOR SFA/SFD

APPL. # 0950022074

VALUATION \$190,626

SQ. FEET 2934

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
- 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 TINAL > 2500
- 60 \_\_\_\_\_ TWO TRADE FINAL
- 60 \_\_\_\_\_ TWO TRADE FINAL > 2500
- 60 \_\_\_\_\_ ONE TRADE FINAL
- 60 \_\_\_\_\_ ONE TRADE FINAL > 2500
- 999  ENVIRO. OPERATIONS PERMIT