\* 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 # 6.5.23257

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:	Troi Building and Trade Permit
Owner's Name:Address:	Date:
	Phone:
Construction Type: (Plagas Charle)	Lot:
TES. (I ICUSE CITECK)	Building Host (Disease of the
New Moved House Renovation Addition Other	Residential Commercial Modular Multi-Family
Total Project Cost:Description of	f Proposed Work
	Contractor Information
	Building Construction Cost \$Stories
1 3 4 21 1 11 4	Stories
Dest. Black will, Inc. Building Contractor's Company Name	
ZOI SHONON OFE CING SUIT	919-60-4696 Telephone +2115 Cay, NC 27511 52838
Address	License #
( Radian	LICETISE #
orginature of Owner/Contractor/Officer(s) of Cor	poration - Must sign back of form & workers
Description of Work	Cal Permit Information  Electrical Cost \$
TS Pole: Yes () No () Underground ()	Overhead ( )
Permanent Service: Underground ( ) Overhoo	overliead ( )
L'esper Electric Mointemans Co. Tre.	0/9-//90- 3.3.5
Electrical Contractor's Company Name	Amps  9/9-499-7-76-7  Telephone
80 Neill Thomas Rd Lillington NC	27546 211.42-19
Address Address	27546 21643-0 License #
Signature of Officer(s) of Corporation	
	cal Permit Information
Description of Work	
Sumber of Units Type System Div M	Mechanical Cost \$
Mechanical Contractor's Company Name	Lejenhone
Mechanical Contractor's Company Name	* (Smithed) # 20077
Address	n.C. 157
Sporting of Officeria)	
Signature of Officer(s) of Corporation	
Description of Molk & Law Pin	Permit Information
Number of Baths	Plumbing Cost \$
Jamie Johnson Plumbing	
Flumbing Contractor's Company Name	Telephone
1490 Clark Rd Lilling	L-NC 27545 21649
	License #
Stabelly and the	
Signature of Officer(s) of Corporation	
1 madiation Permit information F	
to a classification of the	Residential () Other () Not Required ()
Insulation Contractor's Company Name & Address	Residential () Other () Not Required () 910-486-8855 Telephone

Application # 09.5.23257

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	<u> </u>	
	m System Information	
Fire Alarm Contractor's Company Name	Contact & Telephone	
Address	License #	
Pinneth	ricelise #	
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Tra	ansportation Driveway Access/Permit? Yes	No
then see a Permit I	ing to Build Their Own Home echnician to determine if you qualify for permit under Owners i	Exemption.
Questionnaire per G.S. 87-14 Regulations as	s to Issue of Building Permits (Memo available up	on reques
. Do you own the land on which this build	ding will be constructed? yes	no
	vidual to superintend and manage constru	
, •		no
	ervise construction activities? yes	
. Do you intend to schedule, contract, or e done?	directly pay for all phases of construction yes	work to
Do you intend to personally occupy the ollowing completion of construction and doreates the presumption under law that you	building for at least 12 consecutive month	
	yes	_ no
gn & date		
echanical codes, and the Harnett County Zoning ntractors is correct as known to me and if any ch	11.17.09	d e

Application # 09.5.23257

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

The undersigne	ed applicant for Building Permit #
P	General Contractor
	_ Owner
	Officer/Agent of the Contractor or Owner
Do hereby cont the work set for	firm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the 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.
insurance prior to firm or corporatio	the project for which this permit is sought it is understood that the Central Permitting the permit may require certificates of coverage of worker's compensation is issuance of the permit and at any time during the permitted work from any person, in carrying out the work.
Firm Name:	Dustin Black well Inc.
Sign/Title:	Dustin Black well, Inc.
Date:	

Plan Box Number 06

Job Name BLACkwell

Date: 12-10-09

Required Inspections for SFA/SFD

Appl. # 05 - 500 23 257 Valuation # 175 423 Sq. Feet 2700

## 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 > 2500
60	
60	Two Trade Final > 2500
60	One Trade Final
999	One Trade Final > 2500
<u></u>	Envir. Operations Permit