* 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 #_
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: | | Date: |
|---|----------------------------------|------------------|
| Address: | | |
| Directions to job site from Lillington: | | THORIC. |
| | | |
| Subdivision: | | _ot: |
| Construction Type: (Please Check) | Building Hee: (Please Ch | eck) |
| New Moved House Renovation Addition Other | Residential | Commercial |
| Renovation Addition Other | Residential Modular | Multi-Family |
| Total Project Cost:Description of | | |
| Ineneral | Contractor Information | |
| Heated SE Crowl Chase () | D. 11 11 | st \$ |
| Officeated SFSlab () | Acres Disturbed | Stories |
| Destin Blackarll, Inc | 919-606- | 4686 |
| Building Contractor's Company Name | Telephone | |
| 201 Shanow ORK CING Suit | 113 (my, NC 215 | 11 52838 |
| Unheated SFSlab() Destrice Black and Inc Building Contractor's Company Name ZOI Sh canon Ooks Circle Suit Address | | License # |
| 1 the garin | | |
| Signature of Owner/Contractor/Officer(s) of Cor | poration — Must sign back of for | m & workers comp |
| Description of Work Fleetrical Work | Zal Permit Information | |
| TS Pole: Yes () No () Underground () | Overhead () | |
| Permanent Service: Underground () Overhe | ead () Service Size: | Amps |
| Placer Electric Mointenance Co, Tre. Electrical Contractor's Company Name | 019-4190- | 22/2 |
| Electrical Contractor's Company Name | Telephone | 17 G 7 |
| DD N/21/2/ 20 11/1 / 110 | 37641 | 111.42-19 |
| Address | 27376 | License # |
| Address MB. T | | |
| Signature of Officer(s) of Corporation | | |
| | cal Permit Information | |
| Description of Work Number of Units Type System Avaluac Confort Piv M | | |
| Number of Units Type System | Mechanical C | cost 3 |
| Chivalina Charfort Piv M | 10. (919) | 134-10/00 |
| Mechanical Contractor's Company Name | elephone | 40000 |
| Sax was I Dylet | x Countingo | 70001 |
| Address | nc ash | t.icense # |
| Signature of Officer(s) of Corporation | ~ | |
| Dlumbin | g Permit Information | |
| Description of Work 710 mbin | g remit information | |
| Number of Baths 🤌 | Plumbing Cost \$ | |
| Jamie Johnson Planding Plumbing Contractor's Company Name | | |
| Plumbing Contractor's Company Name | , Telephone | |
| 1490 Clark Rd Lilling | A- N.1 27546 | 21649 |
| Address | year of the second | License # |
| Jam Hoh | | |
| gnature of Officer(s) of Corporation | | |
| Insulation Permit Information | Residential () Other () | Not Required () |
| no-City Trynchus | | -486-8355 |
| nsulation Contractor's Company Name & Addres | <i>1</i> | Telephone |

Application # C9.5.23250

| Commercial Jo Sprinkle | obs must fill out this portion r System Information | |
|--|--|---------------------------------------|
| Sprinkler Contractor's Company Name | Contact & Telephone | _ |
| Address | License # | |
| Signature of Officer(s) of Corporation Fire Alarn | n System Information | |
| Fire Alarm Contractor's Company Name | Contact & Telephone | ····· |
| Address | License # | - |
| Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Tra | Insportation Driveway Access/Permit? Yes | No |
| Homeowners Applyi Please answer the following questions then see a Permit To | ing to Build Their Own Home echnician to determine if you qualify for permit under Own | ners Exemption. |
| Questionnaire per G.S. 87-14 Regulations as | s to Issue of Building Permits (Memo availab | le upon request) |
| Do you own the land on which this built | ding will be constructed? yes | no |
| 2. Have you hired or intend to hire an indithe project? | ividual to superintend and manage cor yes | |
| 3. Do you intend to directly control & supe | ervise construction activities? yes | no |
| 4. Do you intend to schedule, contract, or be done? | directly pay for all phases of construc | tion work to |
| 5. Do you intend to personally occupy the following completion of construction and decreates the presumption under law that yo | o you understand that if you do not do | onths so, it |
| | yes | no |
| Sign & date | *************************************** | |
| hereby certify that I have the authority to make not that the construction will conform to the regular that the construction will conform to the regular than the contractors is correct as known to me and if any claudiding and trade plans, Environmental Health per my responsibility to notify the Harnett County Central | gulations in the Building, Electrical, Plumbir g Ordinance. I state the information on the hanges occur including listed contractors, sit mit changes or proposed use changes, I cert | ng and above plan, ify it is |

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

| i ne undersigne | d applicant for Building Permit #being the: |
|--------------------------------------|--|
| P | _ General Contractor _ Owner _ Officer/Agent of the Contractor or Owner |
| Do hereby conf 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. |
| \mathcal{L} | 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. |
| Department issi insurance prior t | n the project for which this permit is sought it is understood that the Central Permitting uing the permit may require certificates of coverage of worker's compensation o issuance of the permit and at any time during the permitted work from any person, on carrying out the work. |
| Firm Name: | Dustin Black well, Inc. |
| Sign/Title: | DBladuet CEO |
| Date [.] | |

Crarl

| Dlan | Day | Mussalaan | 06 | |
|------|-----|-----------|----|--|
| rian | DOX | Number | טע | |

Job Name BLAckvell

Date: 12-10-09

Required Inspections for SFA/SFD

Appl. # 09 500 2 3 2 58
Valuation 18 35 44
Sq. Feet 28 25

Sequence

| 10 | R* Bldg. Footing 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 |
| 60 | Two Trade Final > 2500 |
| 60 | One Trade Final |
| 60 | One Trade Final > 2500 |
| 999 | Envir. Operations Permit |