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

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:		
Subdivision:		l of:
Construction Type: (Please Check)	Building Has: (Dlagge C	Nh1.N
New Moved House	Residential	Commercial
New Moved House Renovation Addition Other	Modular	Multi-Family
Total Project Cost:Description of I		
(Peneral	Contractor Information	
Heated SFCrawl Space () Unheated SFSlab ()	Building Construction C	ost \$Stories
T A 21 6 4 6	Acres Disturbed	Stories
Building Contractor's Company Name	419-60	- 456
701 Show Off Call Sit	l elephone	
Unheated SFSlab() Dest.~ Black will, Inc Building Contractor's Company Name ZOI Sh canon Oaks Circle Suit Address	2113 (My, NC 27	511 36000
Ded Zadin		License #
Signature of Owner/Contractor/Officer(s) of Corp		
Electric	al Permit Information	orm & workers comp
Description of Work - least cal hor K	Flectrical Cost \$	
i a i aia i aa () i taa () ahaa ahaa ahaa ahaa ahaa ahaa aha	Overnead ()	
Permanent Service: Underground () Overhea	ad () Service Size:	Amps
Electrical Contractor's Company Name	919-499-	7767
Confidence of the second of th	relephone	
80 Ne: 1/ Thomas Rd Lilliagton NC Address Man	27546	21643-0
Address A Lillington NC		License #
Signature of Officer(s) of Corporation		
·	al Permit Information	
Description of Work	Mechanical	Cost \$
Chyolina Chrofict Piv M	C. (a)a)	721-10/00-
Meghanical Consescions Company Name	elephone	4 00 00
528 Charles Moulest	& CANTAM-MA	724011
Address	nc dist	License #
Signature of Officer(s) of Corporation		
Diumhino	Permit Information	
Description of Work _ / しゅう。		
Number of Baths 2	Plumbing Cost \$_	
Plumbing Contractor's Company Name		
Plumbing Contractor's Company Name	Telephon	e
1490 Clark Red Lillings Address 0 1	b- NC 27545	21649
		License #
School up of Office (a) at Community		
Signature of Officer(s) of Corporation Insulation Permit Information	Pecidential () Other ()	Not Doguired ()
Insulation Contractor's Company Name & Address	110	-486-8855 Telephone

Application # 23259

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	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 Te	ing to Build Their Own Home echnician to determine if you qualify for permit under Owners Exemption.	
Questionnaire per G.S. 87-14 Regulations as	s to Issue of Building Permits (Memo available upon request)	
1. Do you own the land on which this build	ding will be constructed? yes no	
2. Have you hired or intend to hire an indi the project?	ividual to superintend and manage construction of yes no	
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 construction work to yes no	
5. Do you intend to personally occupy the following completion of construction and docreates the presumption under law that you	building for at least 12 consecutive months o you understand that if you do not do so, it u fraudulently secured the permit?	
	yes no	
Sign & date		
and that the construction will conform to the reg Mechanical codes, and the Harnett County Zoning contractors is correct as known to me and if any ch	11.13.09	

Application # 23259

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

rne undersigne	d applicant for Building Permit #	being the:	
P	_ General Contractor _ Owner _ Officer/Agent of the Contractor or Owner		
Do hereby cont the work set for	irm under penalties of perjury that the perso	n(s), firm(s) or corporation(s) performing	
	Has/have three (3) or more employees and compensation insurance to cover them.	has/have obtained workers'	
	Has/have one (1) or more subcontractors(s) compensation insurance to cover them.	and has/have obtained workers'	
\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 iss insurance prior	n the project for which this permit is sought it uing the permit may require certificates on its issuance of the permit and at any time dure the carrying out the work.	of coverage of worker's compensation ing the permitted work from any person,	
Firm Name:	Dustin Black well, Inc	- •	
Sign/Title:	Dustin Black well, Inc	CEO	
Data:	-	•	