

* 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 # 23259

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: _____ Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Construction Type: (Please Check)

New Moved House
 Renovation Addition Other

Building Use: (Please Check)

Residential Commercial
 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 _____

Dustin Blackwell, Inc 919-606-4626

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

Pepper 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 \$ _____

Carolina Comfort Air Inc. (910) 981-1060

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

Number of Baths 2 Plumbing Cost \$ _____

JAMIE Johnson Plumbing

Plumbing Contractor's Company Name Telephone

1490 Clark Rd Lillington, N.C. 27546 21649

Address License #

[Signature]

Signature of Officer(s) of Corporation

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

Tri-City Insulation 910-486-8855

Insulation Contractor's Company Name & Address Telephone

Application # 23259

**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: _____