* 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 # 10-500-24724

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit

| | Application for Building and Trade Permit | |
|------------|--|-------------|
| | Owner's Name: DIVERSIFIED HOWINGS, LLC Date: 6/29/10 | |
| | Address: Phone: | |
| | Directions to job site from Lillington: | |
| | | |
| | Subdivision: The Summit Lot: 91 | |
| | 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: | |
| c 0 | General Contractor Information | |
| | Heated SFCrawl Space () Building Construction Cost \$ Unheated SFSlab () Acres DisturbedStories | 11 160 (8 |
| | Unheated SFSlab() Acres DisturbedStories District Black will, Inc | capts in |
| | Building Contractor's Company Name Telephone | a mail. con |
| | Address License # | - (|
| | Address License # | |
| | Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp | |
| | Description of Work Fleetrical Permit Information Electrical Permit Information Electrical Cost \$ | |
| | TS Pole: Yes () No () Underground () Overhead () Permanent Service: Underground () Overhead () Service Size:Amps | |
| | Proper Ekeric : Phintenause Co. Inc. 919-499-7767 | • |
| | Electrical Contractor's Company Name 80 Ne: II Thomas Rd Lillington NC 27546 Address License # | |
| | Address M. License # | |
| | Address License # | |
| s | Signature of Officer(s) of Corporation Mechanical Permit Information | |
| | | |
| | Description of Work Number of Units Type System Machagical Cost \$ | |
| | (hyding Charfuct Prix MC. (919) 93-1060- | |
| | | |
| | Address License # | |
| | | |
| | Signature of Officer(s) of Corporation Plumbing Permit Information | |
| | Description of Work ? Tunding | |
| | Number of Baths 2 Plumbing Cost \$ | |
| | Tamie Johnson Plumbing Plumbing Contractor's Company Name Telephone | |
| | 1490 Clark Rd Lillingh N.C. 27545 21649 | |
| | Address O / License # | |
| | Jam John | |
| | Signature of Officer(s) of Corporation Insulation Permit Information Residential () Other () Not Required () | |
| | 20-486-8855 | |
| į | nsulation Contractor's Company Name & Address Telephone | |

| | must fill out this portion ystem Information | |
|--|---|---|
| Sprinkler Contractor's Company Name | Contact & Telephone | _ |
| Address | License # | |
| Signature of Officer(s) of Corporation Fire Alarm S | 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 Trans | portation Driveway Access/Permit? Yes | No |
| | | |
| Homeowners Applyin Please answer the following questions then see a Permit Tecl | g to Build Their Own Home hnician to determine if you qualify for permit under Owne | ers Exemption. |
| Questionnaire per G.S. 87-14 Regulations as t | | |
| 1. Do you own the land on which this build | | |
| Have you hired or intend to hire an indivithe project? | idual to superintend and manage con | struction of |
| 3. Do you intend to directly control & super | vise construction activities? yes | no |
| 4. Do you intend to schedule, contract, or obe done? | directly pay for all phases of construct | ion work to no |
| 5. Do you intend to personally occupy the land following completion of construction and do creates the presumption under law that you | you understand that if you do not do | onths so, it |
| , orotice the proceding their visit areas, and | yes | no |
| Sign & date | | |
| I hereby certify that I have the authority to make no and that the construction will conform to the regumentarical codes, and the Harnett County Zoning contractors is correct as known to me and if any choulding and trade plans, Environmental Health permy responsibility to notify the Harnett County Central C | ulations in the Building, Electrical, Plumbin Ordinance. I state the information on the langes occur including listed contractors, site mit changes or proposed use changes, I cert all Permitting Department of any and all changes. | ig and above e plan, ify it is |

| 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? | | | |
| 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? | | | |
| yesno | | | |
| 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 <u>any</u> changes occur including listed contractors, site plan, number of bedrooms, 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. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule. Signature of Owner/Contractor/Officer(s) of Corporation Date | | | |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: | | | |
| 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 three (3) or more employees and has obtained workers' compensation insurance to cover them. | | | |
| Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance | | | |
| covering themselves. | | | |
| Has no 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. | | | |
| Company or Name: Blackwell Homes Inc. Sign w/Title: Park & Probabilities Date: (0/30/10) | | | |
| Sign wiffills Date (0/30/10) | | | |