

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # 10-500-25157

SCANNED
9/9/10
ERT

Application for Residential Building and Trades Permit

SEP X 8 ENTD

Owner's Name: Danny H. Blackburn Date: 9-8-10
Site Address: 60 Beaver Creek Drive (LT 28 Bennett Place) Phone: (919) 422-6979
Directions to job site from Lillington: 4215 to Dunn; 301 N From Dunn toward Benson; Left on Neighbors Road; Left on Natures Way; Left on Beaver Creek Drive; Property on right at cul-de-sac
Subdivision: Bennett Place Lot: 28
Description of Proposed Work: Single Family Residential # of Bedrooms: 4
Heated SF: 2365 Unheated SF: 576 Finished Bonus Room? NO Bonus Crawl Space: Slab:

General Contractor Information

Ken Dawson Homes, Inc. Telephone: (919) 422-6979
Building Contractor's Company Name
120 Edmondson Drive Wilkes Spring, NC 27592 Email Address: Ken Dawson@hotmail.com
Address
[Signature] License #: 59881
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Contractor Information

Description of Work: Single Family Res. Electrical Service Size: 200 Amps T-Pole: Yes No
Jason H. Pope Electrical Contractors Telephone: (919) 820-0837
Electrical Contractor's Company Name
1503 Denim Drive Ste. 102 Erwin, NC 28339 Email Address: 27284-U
Address
[Signature] License #
Signature of Owner/Contractor/Officer(s) of Corporation

Mechanical/HVAC Contractor Information

Description of Work: Single Family Residential HVAC
Radford HVAC Telephone: (919) 427-7463
Mechanical Contractor's Company Name
917 Hobbs Street Clayton, NC 27520 Email Address:
Address
[Signature] License #: 22024
Signature of Owner/Contractor/Officer(s) of Corporation

Plumbing Contractor Information

Description of Work: Single Family Residential Plumbing # Baths: 3.5
Gilbert Plumbing Company, Inc. Telephone: (910) 214-1274
Plumbing Contractor's Company Name
1638 Timothy Rd. Dunn, NC 28334 Email Address:
Address
[Signature] License #: 10929
Signature of Owner/Contractor/Officer(s) of Corporation

Insulation Contractor Information

Thom Insulation II Telephone: (919) 661-0999
Insulation Contractor's Company Name & Address: 519 Old Dray Store Road Garner, NC 27529

*NOTE: General Contractor must fill out and sign the second page of this application.

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 N to superintend and manage construction of the project? Yes No
- 3. Do you intend to directly control & supervise construction activities? A 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? Yes No

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 any 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] President
Signature of Owner/Contractor/Officer(s) of Corporation

09-08-2010
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: Kendrewson Homes, Inc.

Sign w/Title: [Signature], President Date: 09-08-2010

