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

Application # **Harnett County Central Permitting** 

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.hamett.org/permits

## Application for Residential Building and Trades Permit

Owner's Name: Blackwell Homes inc.	Date: 8-30-10
Site Address: 147 Silverthorne Dr.	
Directions to job site from Lillington:	
Subdivision: The Surant	Lot: <u>87</u>
Description of Proposed Work: New Single Family Home	# of Bedrooms: 28 4
Heated SF: 2188 Unheated SF:	loom?✓ Crawl Space:✓ Slab: ormation
Dustin Blackwell inc	919-606-4696
Building Contractor's Company Name	Telephone
PO Box 189 Clayton NC, 27528	dustin@blackwellhomesnc.com
Address	Email Address 52830
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Contractor In	License # formation
Description of Work electrical work Servi	ce Size:Amps T-Pole: ✓ YesNo
Ploneer Electric and Maintenance Co.	919-499-7767
Electrical Contractor's Company Name	Telephone
80 Neill Thomas Rd. Lillington NC, 27546	
Address	Email Address
Mede / hom	21643-0
Signature of Owner/Contractor/Officer(s) of Corporation  Machanical/HVAC Contractor	License # or Information
Description of Work New HVAC install	
Carolina Comfort Air Inc	919-934-1060
Mechanical Contractor's Company Name	Telephone
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	919-934-1060
Address	Email Address
Prollin Tealer	21643-0
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor in	License # formation
Description of Work Plumbing work	# Baths 2.5
Jamie Johnson Plumbing	910-279-4742
Plumbing Contractor's Company Name	Telephone
1490 Clark Rd. Lillington, NC 27546	
Address	Email Address
(Jaine Clature	21649
Signature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor in	License # formation
Tri-City Insulation	910-486-8855
Insulation Contractor's Company Name & Address	Telephone

\*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		
Have you hired or intend to hire an individual to superintend and manage construction of the project?  YesNo		
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 <a href="mailto:any">any</a> 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		
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:		
Affidavit for Worker's Compensation N.C.G.S. 87-14		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
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		
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:		
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		
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		
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.		
Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:		

Plan Box Number A8

Job Name Summit.

Date: 9-13-10

Required Inspections for SFA/SFD

Appl. # 10-50025186 Valuation 175423 Sq. Feet 2700

## Sequence

10	R* Bldg. Footing
10-30	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
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