

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 # _____

Application for Residential Building and Trades Permit

Owner's Name Dust n Blackwell, Inc Date 3/5/12

Site Address _____ Phone _____

Directions to job site from Lillington _____

Subdivision Tingen Pointe Lot 139

Description of Proposed Work New Construction # of Bedrooms 3

Heated SF _____ Unheated SF _____ Finished Bonus Room? Yes Crawl Space X Slab _____

General Contractor Information

Dust n Blackwell, Inc 919 606-4696
Building Contractor's Company Name Telephone

PO Box 427 MAMERS, NC 27552
Address Email Address

52830
License #

Electrical Contractor Information

Description of Work New Construction Service Size 200 Amps T Pole Yes No
Pioneer Electric & Maintenance Co Inc 919 499 7767

Electrical Contractor's Company Name Telephone
80 Neill Thomas Road Lillington NC 27546

Address Email Address
21643 U

License #

Mechanical/HVAC Contractor Information

Description of Work New Construction
Carolina Comfort Air 919 934 1060

Mechanical Contractor's Company Name Telephone
528 West Market Street Smithfield NC 27577

Address Email Address
29077

License #

Plumbing Contractor Information

Description of Work New Construction # Bath 2
Jamie Johnson Plumbing 910 279-4742

Plumbing Contractor's Company Name Telephone
82 Greenhouse Court Lillington NC 27546

Address Email Address
21649

License #

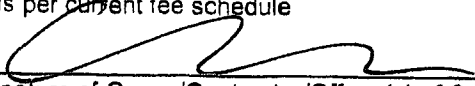
Insulation Contractor Information

Masco 910 486 8855
Insulation Contractor's Company Name & Address Telephone

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

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 that by signing below I have obtained all subcontractors permission to obtain these permits 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 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

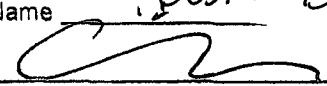
_____ Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 Dust - Blackwell, Inc.

Sign w/Title  CEO Date 1/21/12