

* 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.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Cassie H. Lynch Date: 6/11/12
Site Address: _____ Phone: 919-606-4696
Directions to job site from Lillington: Hwy 421 N LPT on mt. Pisgah Church Rd
LPT on Harrington Road Job on LPT

Subdivision: _____ Lot: B
Description of Proposed Work: New Construction # of Bedrooms: 3
Heated SF: 1765 Unheated SF: _____ Finished Bonus Room? Yes/No Crawl Space: Slab:

General Contractor Information

 Dustin Blackwell, Inc 919-606-4696
Building Contractor's Company Name Telephone
 P.O. Box 427 MANSFIELD, NC
Address 27552 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 # Baths 2.5
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]
 Signature of Owner/Contractor/Officer(s) of Corporation

6/11/12
 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 Dyfi Builders, Inc

Sign w/Title [Signature], Owner Date 6/11/12

Plan Box # A-9

Date 6-20-12
Job Name Dustin Davidson

App # 1250029107 Valuation 152,293 SQ Feet 2344

Inspections for SFD/SFA

Crawl X Slab _____ Mono _____

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 _____

>2500 _____

>2500 _____

Foundation Survey No

Envir. Health New Tanks

Other _____

Additions / Other

Footing _____
Foundation _____
Slab _____
Mono _____
Open Floor _____
Rough In _____
Insulation _____
Final _____

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 # 1250029107

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: MSP Const. & Dev., LLC Date: 7/11/12
Address: # 515 Harrington Rd Phone: 910-988-6404
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

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: _____

General Contractor Information

Heated SF _____ Crawl Space () Building Construction Cost \$ _____
Unheated SF _____ Slab () Acres Disturbed _____ Stories _____

MSP Construction & Dev., LLC 910-988-6404
Building Contractor's Company Name Telephone

P.O. Box 2067 Fayetteville, NC 28302 69166
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

Power Electric & Maintenance Co., Inc. 919-499-7767
Electrical Contractor's Company Name Telephone

80 Neil Thomas Rd Lillington NC 27546 21643-U
Address License #

[Signature]
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____ Mechanical Cost \$ _____
Number of Units _____ Type System _____

Carolina Comfort Air Inc. (910) 931-1060
Mechanical Contractor's Company Name Telephone

528 West Market St (Smithfield) #29077
Address N.C. 27577 License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Plumbing Plumbing Cost \$ _____
Number of Baths 2

JAMIE Johnson Plumbing
Plumbing Contractor's Company Name Telephone

1490 Clark Rd Lillington, N.C. 27544 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

Mpleasant1@yahoo

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? Yes No
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? 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]
Signature of Owner/Contractor/Officer(s) of Corporation

7/11/12
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

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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: QSP Construction & Development, LLC

Sign w/Title: [Signature], mgr.

Date: 7/11/12