

A-1

Application # 12.500 291 08

* 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 for Residential Building and Trades Permit

Owner's Name: ~~Blackwell Homes, Inc.~~ Weaver Homes Date: 10/12/12
Site Address: Juno Mill Phone: 919-606-4696
Directions to job site from Lillington: _____

Subdivision: Tinney Pointe Lot: 138
Description of Proposed Work: New Construction # of Bedrooms: 3
Heated SF: _____ Unheated SF: _____ Finished Bonus Room? Crawl Space: Slab: _____

General Contractor Information

~~Blackwell Homes~~ Weaver Development Inc 919-606-4696
Building Contractor's Company Name Telephone
~~PO Box 1111111111~~ _____
Address Email Address
26962 _____
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 _____ 919-934-1060
Carolina Comfort Air Telephone
Mechanical Contractor's Company Name _____
528 West Market Street Smithfield, NC 27577 _____
Address Email Address
29077 _____
License # _____

Plumbing Contractor Information

Description of Work New Construction # Baths 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.

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10/1/16
01/20/2016

Worm Holes
and other

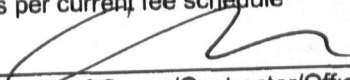
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Tropen Forst

Worm Holes

S. 2005

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

10/12/12

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 Wear House

Sign w/Title General manager Date 10/14/12

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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: ~~_____~~ Dustin Blackwell, Inc Date: 6/11/12
Site Address: TBD JUNG DRIVE Phone: _____
Directions to job site from Lillington: Hwy 27W Tinger Pointe on left
left on Jung Drive job on left

Subdivision: _____ Lot: 138
Description of Proposed Work: New Construction # of Bedrooms: 3
Heated SF: 1585 Unheated SF: _____ Finished Bonus Room? Yes Crawl Space: Slab: _____

General Contractor Information

~~Blackwell Home, Inc~~ Dustin Blackwell, Inc 919-606-4696
Building Contractor's Company Name Telephone
~~PO Box 100 Blay, NC 27508~~ POB 4779 MAMERS, 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.**

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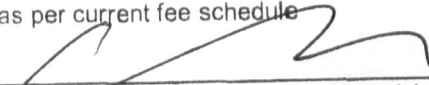
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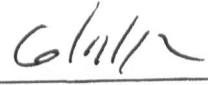
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Date

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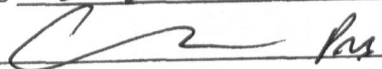
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 Destro Blodine, Inc

Sign w/Title  Pres Date 5/1/12

