

## RESIDENTIAL BUILDING APPLICATION

**Williams**  
**Site Address:** 55 General Road **PIN:** \_\_\_\_\_  
**Owner:** Paul & Christy Bellanca **Phone:** 919-668-9713 **Email:** elizabeth@capitolpools.com  
**Description of Proposed Work:** 16'x36' InGround Swimming Pool **Total Job Cost:** \$38,450.00

### GENERAL CONTRACTOR INFORMATION

\*Must be owner or licensed contractor. Address, company name & phone must match information on license.

Capitol Pools, Inc. 919-779-9800  
General Contractor's Company Name Phone  
128-B US Hwy 70 E Garner, NC 27529 ben@capitolpools.com  
Address Email  
N/A  
License #

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Installation of Swimming Pool Panel Service Size: \_\_\_\_\_ Amps T-Pole: YES ☐ NO ☐  
Ideal Electric 919-537-1296  
Electrical Contractor's Company Name Phone  
8624 Barefoot Industrial Blvd luke.lavin@idealelec.com  
Address Email  
27098  
License #

### MECHANICAL/HVAC CONTRACTOR INFORMATION

\* Description of Work: Installation of gas heater  
Premier Propane 919-820-7492  
Mechanical Contractor's Company Name Phone  
PO Box 910 Middlesex, NC N/A  
Address Email  
20923  
License #

### PLUMBING CONTRACTOR INFORMATION

Description of Work: \_\_\_\_\_ # of Fixtures: \_\_\_\_\_  
Plumbing Contractor's Company Name Phone  
Address Email  
License #

### INSULATION CONTRACTOR INFORMATION

Insulation Contractor's Company Name Phone

APPLICATION CONTINUES ON BACK



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

**EXPIRED PERMIT FEES** - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

*[Signature]*  
Signature of Owner/Contractor/Officer of Corporation

7-7-2025  
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- ☒ Has 3 or more employees and has obtained workers' compensation insurance to cover them,  
☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,  
☐ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,  
☐ Has no more than 2 employees and no subcontractors.

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

*[Signature]*  
Signature of Owner/Contractor/Officer of Corporation

7-7-2025  
Date