

\* 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.

SCANNED  
2-20-08

Application # 08 5 00 19456

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546

Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

**Application for Residential Building and Trades Permit**

Owner's Name: Willie + Gertrude Spears Date: 2-15-08

Site Address: 570 Clayhole Rd Dunn NC Phone: 897-4348

Directions to job site from Lillington: 55 out of Coats, R. at Coats + Erwin Middle School, last brick house own right before intersection

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: DEM + Bedroom #Bedrooms: 1

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Rec Room? \_\_\_\_\_ Crawl Space ( ) Slab ( )

**General Contractor Information**

Building Contractor's Company Name: Learning David Lee Chance Telephone: \_\_\_\_\_

Address: 1744 Fern B. Tart Rd Telephone: 910-658-8376 License #: DRIV

Signature of Owner/Contractor/Officer(s) of Corporation: David Chance Must sign & fill out second page

**Electrical Permit Information**

Description of Work: Room Addition Service Size: \_\_\_\_\_ Amps TPole: yes/no  
Power Comm Elect. Cont. LLC. Telephone: 910-263-2707

Electrical Contractor's Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: 2514 Bedford Ave License #: 25681

Signature of Officer(s) of Corporation: \_\_\_\_\_

**Mechanical Permit Information**

Description of Work: duct only

Mechanical Contractor's Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ License #: \_\_\_\_\_

Signature of Officer(s) of Corporation: \_\_\_\_\_

**Plumbing Permit Information**

Description of Work: BATH Room # Baths: 1

Plumbing Contractor's Company Name: TART Plumbing Service Telephone: 910-567-5149

Address: P.O. Box 346 License #: 8250

Signature of Officer(s) of Corporation: David Chance

**Insulation Permit Information**

Insulation Contractor's Company Name & Address: DRIV LLC contractor Telephone: \_\_\_\_\_

See attach

**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.

Willie Spears  
Signature of Owner/Contractor/Officer(s) of Corporation

2/15/08  
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: David Chave

Sign w/Title: \_\_\_\_\_ Date: 2/15/08

Application # 0850019456

**Harnett County Central Permitting**  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 Fax 910-893-2793  
www.harnett.org  
Certification of Work Performed By Owner/Contractor

Owner (s) of Structure: WILLIE & GERTRUDE SPEARS Phone: 897-4348  
Owner (s) Mailing Address: 570 CLAYHOLE RD. DUNN, N.C.

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

PIN or Parcel #: \_\_\_\_\_

Job Cost: \_\_\_\_\_ Description of Work to be done \_\_\_\_\_

Mechanical: New Unit With Ductwork \_\_\_ New Unit Without Ductwork \_\_\_ Gas Piping \_\_\_

Electrical: 200 Amp \_\_\_ <200 Amp \_\_\_ Service Change \_\_\_ Service Reconnect \_\_\_ Other \_\_\_

Plumbing: Water/Sewer Tap \_\_\_ Number of Baths 1 Water Heater \_\_\_

Specific Directions to Job from Lillington:  
\_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I, Justin Taylor (Contractors Name) have provided or will provide the PLUMBING (Trade) labor

on this structure. I am the building owner or hold a NC state PLUMBING (Trade) license number 8250, which entitles me to perform such work on the above structure legally. All

work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature: Willie Spears Date: 3-6-08

Company Name: Justin Taylor Phone: 910-891-8228

Address: P.O. Box 246 Erwin N.C.

County: Harnett Contractor's License #: 8250

Contractor's Signature: Justin Taylor Date: 3-6-08

\*Company name, address, & phone must match information on license.

Application # 08 50019456

**Harnett County Central Permitting**  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 Fax 910-893-2793  
www.harnett.org

Certification of Work Performed By Owner/Contractor

Owner (s) of Structure: WILLIE + GERTRUDE SPEARS Phone: 897-4348  
Owner (s) Mailing Address: 570 CLAYHOLE RD. DUAN, N. C.

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

PIN or Parcel #: \_\_\_\_\_

Job Cost: \_\_\_\_\_ Description of Work to be done ADD NEW DUCT WORK

Mechanical New Unit With Ductwork \_\_\_ New Unit Without Ductwork \_\_\_ Gas Piping \_\_\_ (DUCT WORK ONLY)

Electrical: 200 Amp \_\_\_ <200 Amp \_\_\_ Service Change \_\_\_ Service Reconnect \_\_\_ Other \_\_\_

Plumbing: Water/Sewer Tap \_\_\_ Number of Baths \_\_\_ Water Heater \_\_\_

Specific Directions to Job from Lillington:  
\_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I William Jeffrey McCalla have provided or will provide the MECHANICAL labor  
(Contractors Name) (Trade)  
on this structure. I am the building owner or hold a NC state MECHANICAL license  
(Trade)  
number 19409, which entitles me to perform such work on the above structure legally. All  
work shall comply with the State Building Code and all other applicable State and local laws,  
ordinances and regulations.

Structure owner(s) signature: Willie Spear Date: 2-6-08

Company Name: Service Tech Systems, Inc Phone: 910 263-1406  
Address: 701 Fairground Rd  
County: Harnett Contractor's License #: 19409  
Contractor's Signature: William J McCalla Date: 3/6/08

\*Company name, address, & phone must match information on license.

Plan Box Number FILE

Job Name DAVID LEE

Date: 2-20-08

Required Inspections for SFA/SFD

Appl. # 08 56019456  
Valuation \$ 29,107  
Sq. Feet 448

[ADDITION]

Sequence

- |        |                                     |                             |
|--------|-------------------------------------|-----------------------------|
| 10     | <input checked="" type="checkbox"/> | R* Bldg. Footing            |
| 10-30  | <input checked="" type="checkbox"/> | R* Elec. Temp Service Pole  |
| 20     | <input checked="" type="checkbox"/> | R* Building Foundation      |
| 20     | <input type="checkbox"/>            | Address Confirmation        |
| 30-999 | <input checked="" type="checkbox"/> | Open Floor                  |
| 30-999 | <input type="checkbox"/>            | R* Bldg. Slab Insp.         |
| 30-999 | <input type="checkbox"/>            | R* Elec. Under Slab         |
| 30-999 | <input type="checkbox"/>            | R*Plumb. Under Slab         |
| 40     | <input checked="" type="checkbox"/> | Four Trade Rough In         |
| 40     | <input type="checkbox"/>            | Four Trade Rough In > 2500  |
| 40     | <input type="checkbox"/>            | Three Trade Rough In        |
| 40     | <input type="checkbox"/>            | Three Trade Rough In > 2500 |
| 40     | <input type="checkbox"/>            | Two Trade Rough In          |
| 40     | <input type="checkbox"/>            | Two Trade Rough In > 2500   |
| 40     | <input type="checkbox"/>            | One Trade Rough In          |
| 40     | <input type="checkbox"/>            | One Trade Rough In > 2500   |
| 50     | <input checked="" type="checkbox"/> | R* Insulation               |
| 60     | <input checked="" type="checkbox"/> | Four Trade Final            |
| 60     | <input type="checkbox"/>            | Four Trade Final > 2500     |
| 60     | <input type="checkbox"/>            | Three Trade Final           |
| 60     | <input type="checkbox"/>            | Three Trade Final > 2500    |
| 60     | <input type="checkbox"/>            | Two Trade Final             |
| 60     | <input type="checkbox"/>            | Two Trade Final > 2500      |
| 60     | <input type="checkbox"/>            | One Trade Final             |
| 60     | <input type="checkbox"/>            | One Trade Final > 2500      |
| 999    | <input checked="" type="checkbox"/> | Envir. Operations Permit    |



**Harnett**  
COUNTY  
NORTH CAROLINA

0850019456

Central Permitting Department

www.harnett.or

PO Box 61  
102 East Front Street  
Lillington, NC 27541

ph: 910-893-4756

fax: 910-893-2783

**PRIVILEGE LICENSE INFORMATION**

DATE:

3-5-08

NAME:

(David Chance) Dee Cee Enterprises

ADDRESS:

1704 IRA B. TAYLOR RD

PHONE NUMBER:

910-658-8376

TYPE OF BUSINESS:

Const.

SIGNATURE OF APPLICANT:

David Chance

0850019456

Power Com. Has been dismissed  
from job, because of  
price increase

All Surber Electrical has been  
hired to fulfill said job  
at: 570 Claypole Rd. Dunn N.C.  
892-2593

Contractor David Chane

For more info. see Lynwood.

HARNETT COUNTY INSPECTIONS DEPARTMENT  
COMPLAINT RECORD

DATE OF COMPLAINT 3/25/08 TIME \_\_\_\_\_

COMPLAINT MADE BY L. McDonald PHONE \_\_\_\_\_

NATURE OF COMPLAINT Power Com. did service change ONLY. Inside service NOT permitted or done by Power Com. IF MR Chance says they are that is

LOCATION & DIRECTIONS MR Chance got power restored by calling power Co. had not had insp done by us. untrue.

570 Clayhale Road 55 out of COATS. (R) Coats - Erwin Mid. Sch. Will be the last brick house on the right before inter-section

DATE OF SITE VISIT \_\_\_\_\_ BY \_\_\_\_\_

CONDITIONS/VIOLATIONS ON SITE \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

DATE OF SECOND SITE VISIT \_\_\_\_\_ BY \_\_\_\_\_

CONDITIONS/VIOLATIONS ON SITE \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

RESULTS/COMMENTS \_\_\_\_\_



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Application # 08 500 19456

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: \_\_\_\_\_ Date: \_\_\_\_\_

Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Directions to job site from Lillington: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: \_\_\_\_\_ #Bedrooms: \_\_\_\_\_

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Rec Room? \_\_\_\_\_ Crawl Space ( ) Slab ( )

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ License # \_\_\_\_\_

Must sign & fill out second page

Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps TPole: yes/no

Surkes Electric CO. 910-892-2593 wired

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

2935 Fairground Rd. 19463-2 Two Rooms

Address \_\_\_\_\_ License # \_\_\_\_\_

dl Surkes  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Mechanical Permit Information**

Description of Work \_\_\_\_\_

Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ License # \_\_\_\_\_

Signature of Officer(s) of Corporation \_\_\_\_\_

**Plumbing Permit Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

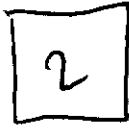
Address \_\_\_\_\_ License # \_\_\_\_\_

Signature of Officer(s) of Corporation \_\_\_\_\_

**Insulation Permit Information**

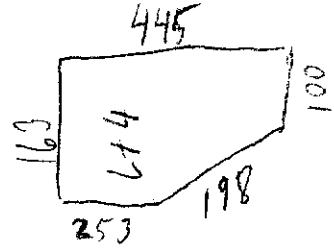
Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

13' ← PL

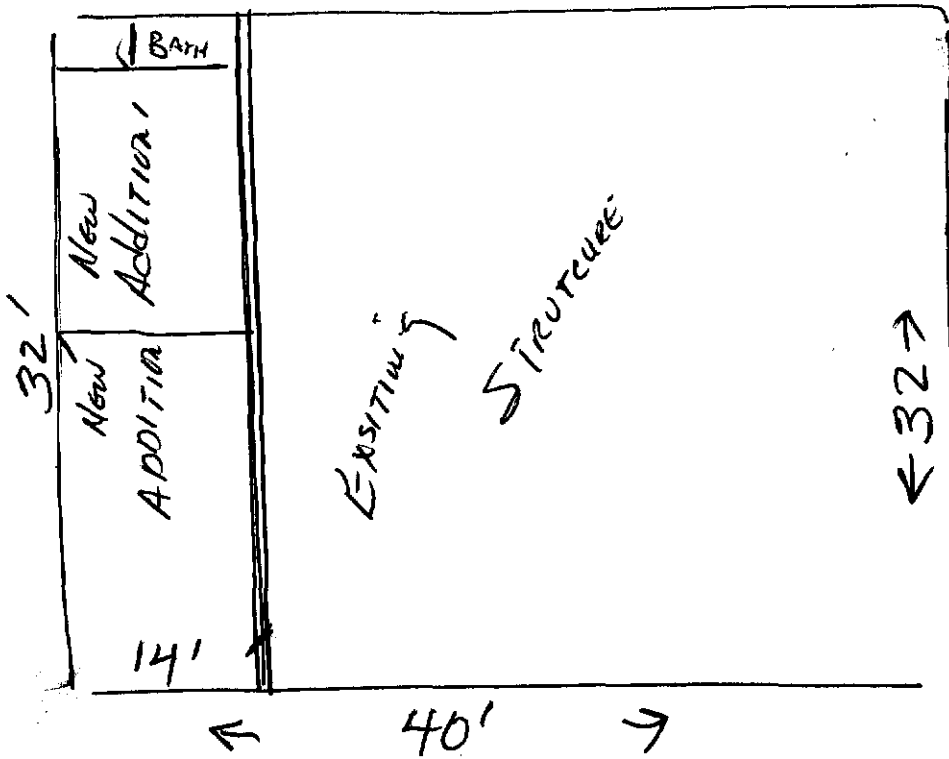


← 45' →

← 50' →



PL 30'



30' PL

PL  
109 ROAD

FRONT 100' ACROSS  
REAR 163' ACROSS

109 →  
ROAD