

\* 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 # 16507

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: Whittenton Builders Date: 4-19-10  
Site Address: 106 Trolley Lane Phone: \_\_\_\_\_  
Directions to job site from Lillington: Hwy 27 to Red Hill ch Rd  
TURN Right 90 2 1/2 miles to cave mill estates TURN  
Left into subdivision  
Subdivision: Cave Mill Estates Lot: #25  
Description of Proposed Work: Garage #Bedrooms: \_\_\_\_\_  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Rec Room? \_\_\_\_\_ Crawl Space ( ) Slab ( )

**General Contractor Information**

Whittenton Builders Enterprises Inc  
Building Contractor's Company Name Telephone \_\_\_\_\_  
863 Neighbors Rd License # 48607  
Address \_\_\_\_\_  
Dunn N.C. 28334 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  
Byrd's Electrical & Repair  
Electrical Contractor's Company Name Telephone \_\_\_\_\_  
Mingo Rd Benson N.C. License # 20256  
Address \_\_\_\_\_  
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 \_\_\_\_\_

**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.

*[Signature]*  
Signature of Owner/Contractor/Officer(s) of Corporation

4-19-20  
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: Whit Hutton Builders  
Sign w/Title: J Perry Whitte Sr.    Date: 4-19-20

File Garage

Plan Box Number \_\_\_\_\_

Job Name Whittenton

Date: 3-18-10

Required Inspections for SFA/SFD

Appl. # 07-50016507  
Valuation 33657  
Sq. Feet 1290

Sequence

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