

910.1134.3733

Application # _____

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: WELCO Const. Phone: _____
Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: BUK WOOD LOT 2

PIN or Parcel #: _____

Job Cost: _____ Description of Work to be done NEW LICENSE

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 _____ Water Heater _____

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

* I Julius David Capps Jr have provided or will provide the Electrical labor
(Contractors Name) (Trade)
on this structure. I am the building owner or hold a NC state Electrical license
(Trade)
number 25723-F, 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: Julius David Capps Jr Date: 11/5/07

Company Name: O Jay Capps Electric Service Phone: 919-731-3733
Address: 202 Weatherby Dr Windsboro NC 27530
County: Wayne Contractor's License #: 25723 F
Contractor's Signature: Julius David Capps Jr Date: 11/5/07

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

919.734.3733

Application # _____

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: Weber Const. Phone: _____

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: BW WOODW LOT 2

PIN or Parcel #: _____

Job Cost: _____ Description of Work to be done NEW HALL

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 ___ Water Heater ___

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

H I _____ have provided or will provide the _____ labor
(Contractors Name) (Trade)

on this structure. I am the building owner or hold a NC state _____ license
(Trade)

number _____, 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: _____ Date: _____

Company Name: _____ Phone: _____

Address: _____

County: _____ Contractor's License #: _____

Contractor's Signature: _____ Date: _____

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

* 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 # 07-50018464

Harnett County Central Permits
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: Webco Date: _____

Site Address: 32 Ben Court Phone: _____

Directions to job site from Lillington: 210 South 4 miles on Right

Subdivision: Ben woods Lot: 2

Description of Proposed Work: New home #Bedrooms: 3

Heated SF 1500 Unheated SF 400 Finished Rec Room? 250 Crawl Space () Slab ()

General Contractor Information

Willie Earl Beasley 919-222-5148
Building Contractor's Company Name Telephone

1700 East Oak Street Suite 203 Goldsboro 39675
Address License #
NC 27530

Signature of Owner/Contractor/Officer(s) of Corporation Earl Beasley Must sign & fill out second page

Electrical Permit Information

Description of Work 03 Capps Electrical Service Size: _____ Amps TPole: yes/no
919-922-9434

Electrical Contractor's Company Name Telephone
202 Weatherby Dr Goldsboro NC 27530 25723 I
Address License #

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work B+S Airconditioning Co. Telephone 919-894-5151

Mechanical Contractor's Company Name Telephone
5446 Elevation Rd Benson NC 27504 4256
Address License #

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work J.R. Gibson Plumbing Inc # Baths 2
919 820-0026

Plumbing Contractor's Company Name Telephone
P.O. 764 Benson NC 27504 37958
Address License #

Signature of Officer(s) of Corporation

Insulation Permit Information


Insulation Contractor's Company Name & Address Telephone 252-205-3544

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 of Owner/Contractor/Officer(s) of Corporation

10/11/07
Date

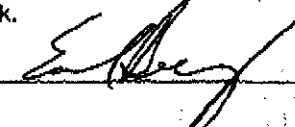
Affidavit for Worker's Compensation N.C.G.S. 87-14

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: 
Sign w/Title: _____ Date: 10/11/07

* 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 # 07-50018464

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit

Owner's Name: Webco Date: _____

Site Address: 37 Ben Court Phone: _____

Directions to job site from Lillington: 210 South 4 mile on Right

Subdivision: Ben courts Lot: 2

Description of Proposed Work: New home #Bedrooms: 3

Heated SF 1500 Unheated SF 400 Finished Rec Room? 200 Crawl Space () Slab ()

General Contractor Information

Willie Earl Beverly 919-222-5148
Building Contractor's Company Name Telephone

1700 East Oak Street Suite 203 Goldsboro 39675
Address License #

Willie Earl Beverly 15 27830
Signature of Owner/Contractor/Officer(s) of Corporation License #

Must sign & fill out second page

Electrical Permit Information

Description of Work

Company Name: Dawson's Electric, Inc Phone: 919-201-3841

Address: 3754 Colkesbury Rd.

County: Fuquay Verine Contractor's License #: 25948-L

Contractor's Signature: David Dawson Date: 10-9-07

Company Name: B&B A/C Co. Inc. Phone: 919-894-5151

Address: 5446 Education Rd Benson, NC 27504

County: Johnston Contractor's License #: 4256

Contractor's Signature: Benny Barham Date: _____

Signature of Officer(s) of Corporation

Plumbing Permit Information Plumb Cost \$ _____

Description of Work Residential House # Baths 2

L. R. Glover Plumbing, Inc 919-820-0026
Plumbing Contractor's Company Name Telephone

P.O. Box 764 Benson, N.C. 27504 07958
Address License #

L. R. Glover
Signature of Officer(s) of Corporation

The City Insulator 252-205-3544
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 Hamett 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 Hamett County Central Permitting Department of any and all changes.

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

10/11/07
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:

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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: [Signature]

Sign w/Title: _____ Date: 10/11/07

Plan Box Number A E4

Job Name Webco

Date: 9-13-07

Required Inspections for SFA/SFD

Appl. # 07-800 8464
Valuation 144.955
Sq. Feet 2231

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 checked="" 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