

\* 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 # 07-50018465

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27548  
Phone 910-893-7525 Fax 910-893-2783 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 woods Lot: 2

Description of Proposed Work: New home #Bedrooms: 3

Heated SF 1500 Unheated SF 400 Finished Rec Room? 20 Crawl Space ( ) Slab ( )

**General Contractor Information**

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

1700 East Oak Street Suite 203 Goldsboro Address License # 39675

Willis Earl Beasley Signature of Owner/Contractor/Officer(s) of Corporation 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 Varine 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 E. Edwards Rd Benson, NC 27504

County: Johnston Contractor's License #: 4256

Contractor's Signature: Benny Barber Date: \_\_\_\_\_

Signature of Officer(s) of Corporation

**Plumbing Permit Information** Plumb Cost \$ \_\_\_\_\_

Description of Work Residential House # Baths 2

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

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

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

Thi Atg Insulation Insulation Contractor's Company Name & Address Telephone 252-205-354

### 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

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: [Signature]

Sign w/Title: \_\_\_\_\_ Date: \_\_\_\_\_

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Application # 07-50018465

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: Wibe Date: 12/1/07

Site Address: 25 Deer Court Phone: \_\_\_\_\_

Directions to job site from Lillington: 210 south 4 Miles on Right

Subdivision: Deer Creek Lot: 10

Description of Proposed Work: New home #Bedrooms: 3

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

**General Contractor Information**

Earl Beverly Building Contractor's Company Name Telephone 919 222-5198

1700 East Oak Street Suite 203 Goldboro NC 27530 Address License # 37675

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

**Electrical Permit Information**

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

OJ Capps Electrical Service Electrical Contractor's Company Name Telephone 919-922-9434

202 Weatherby Dr Goldsboro NC 27530 Address License # 25723-I

Signature of Officer(s) of Corporation

**Mechanical Permit Information**

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

Bis Au conditioning CO Mechanical Contractor's Company Name Telephone 919-894-5151

5446 Elevation Rd Benson NC 27504 Address License # 4256

Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work \_\_\_\_\_ # Baths 3

A R Glover Plumbing Inc Plumbing Contractor's Company Name Telephone \_\_\_\_\_

PO Box 764 Benson NC 27504 Address License # 39958

Signature of Officer(s) of Corporation

**Insulation Permit Information**

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

Plan Box Number E4

Job Name Web co

Date: 9-13-07

Required Inspections for SFA/SFD

Appl. # 0750018465  
Valuation 136245  
Sq. Feet 2097

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		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R* Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40		Four Trade Rough In > 2500
40		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	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	Four Trade Final
60		Four Trade Final > 2500
60		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	<input checked="" type="checkbox"/>	Envir. Operations Permit