

* 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 910-893-2793 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? 250 Crawl Space () Slab ()

General Contractor Information

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

Address: 1700 East oak street Suite 203 Goldsboro License #: 39675
15 27530

Signature of Owner/Contractor/Officer(s) of Corporation: Earl Beasley 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: 919-294-5151

Address: 5446 Edgewater Rd Benson, NC 27504

County: Johnston Contractor's License #: 4256

Contractor's Signature: Bruce Barber Date: _____

Signature of Officer(s) of Corporation

Plumbing Permit Information Plumb Cost \$ _____

Description of Work: Residential House # Baths: 2

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

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

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

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

* 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 # 07-50018804

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: 11/10/07

Site Address: 25 Dan Court Phone: _____

Directions to job site from Lillington: 210 South of Wibe on Right

Subdivision: Dan Works Lot: 10

Description of Proposed Work: New home #Bedrooms: 3

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

General Contractor Information

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

1700 East Oak Street Suite 203 Goldboro Address License # 39675

Earl Beasley 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 Goldboro NC 27530 Address License # 25 723-I

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____ 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 _____ Plumbing Contractor's Company Name Telephone _____ # Baths 3

RK Dlover Plumbing Co Plumbing Contractor's Company Name Telephone 39958

PO Box 764 Benson NC 27504 Address License #

Signature of Officer(s) of Corporation

Insulation Permit Information

Lee City Insulator 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]
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: _____

Plan Box Number I-8

Job Name WEBER

Date: 11-7-07

Required Inspections for SFA/SFD

Appl. # 0750018804
Valuation \$148,135
Sq. Feet 2280

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

HARNETT COUNTY PUBLIC UTILITIES

11/19/07, 12:54:23

CUSTOMER SERVICE APPLICATION

USER ID JDAVIS

NAME WEBCO DEVELOPERS INC
ADDRESS ATTN: EARL BEASLEY
PO BOX 239
SEVEN SPRINGS NC 28578
EXEMPT TAX NO PENALTY NO
CASH ONLY NO

CUSTOMER ID 71217
OLD ACCOUNT NUMBER

SERVICE ADDRESS 86 REMINGTON HILL DR
CYCLE/ROUTE 04 36
LOCATION ID 84128
01

INITIATION DATE 11/19/07
JURISDICTION HARNETT COUNTY
INSIDE UNITS 1.00
SOCIAL SECURITY NUMBER *****0578
DOING BUSINESS AS
ALT CUSTOMER ID 2

CLASS RESIDENTIAL
SECTION SOUTH CENTRAL
DRIVERS LIC NUMBER

WATER METERED METERED RATE
METER NUMBER CH3032 UNITS 1.00

SERVICE ORDERS

169466 TO TURN ON

WA REQUEST DATE 11/19/07

MISC. INFORMATION

SS# *****0578
DRV L # *****5501

*Drane
cancelled per
customer*