

09/09/11

Application #

40851 / 40852

Harnett County Central Permitting  
PO Box 85 Lillington NC 27548  
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match.

**Application for Residential Building and Trades Permit**

Owner's Name J. Carter Williams Date 4/5/17  
Site Address Wilburn Rd Phone \_\_\_\_\_  
Directions to job site from Lillington \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # Owner

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole \_\_\_ Yes \_\_\_ No  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address see attached Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Mechanical Contractor's Company Name see attached Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name see attached Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Insulation Contractor Information**

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

\*NOTE General Contractor must fill out and sign the second page of this application

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 that **by signing below I have obtained all subcontractors permission to obtain these permits** 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

**EXPIRED PERMIT FEES** - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee is as per current fee schedule

James Carlton Williams  
Signature of Owner/Contractor/Officer(s) of Corporation

4-5-17  
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 James Carlton Williams

Sign w/Title \_\_\_\_\_  Date 4-5-17

Application # \_\_\_\_\_

**Harnett County Central Permitting**

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

**Certification of Work Performed By Owner/Contractor**

**(Individual Trade Application)**

Owner (s) of Structure: James Carlton Williams Phone: 9197957017

Owner (s) Mailing Address: 128 rose ct. Benson NC 27504

Land Owner Name (s): James Carlton Williams Phone: 919 7957017

Construction or Site Address: 440

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: \_\_\_\_\_ Description of Work to be done build house with detached garage and guest house

Mechanical: New Unit With Ductwork  New Unit Without Ductwork  Gas Piping  Other

Electrical\*: 200 Amp  <200 Amp  Service Change  Service Reconnect  Other   
\* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap  Number of Baths  Water Heater

Specific Directions to Job from Lillington:

take 401 towards fuquay varina turn left on wilburn rd first driveway on left

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

I James Carlton Williams will provide the electrical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 12801u, 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.

Fowler and Sons Inc

9197794330

Contractor's Company Name

Telephone

105 rupert rd suite 2 raleigh nc 27604

Carltonwilliams128@gmail.com

Address

Email Address

12801u

License #

Structure Owner / Contractor Signature: *J. Carlton Williams* Date: \_\_\_\_\_

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

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

Application # \_\_\_\_\_

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Job Cost: \_\_\_\_\_ Description of Work to be done build house with detached garage and guest house

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

Electrical\*: 200 Amp \_\_\_\_\_ <200 Amp \_\_\_\_\_ Service Change \_\_\_\_\_ Service Reconnect \_\_\_\_\_ Other \_\_\_\_\_  
\* For Progress Energy customers we need the premise number

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

Specific Directions to Job from Lillington:  
take 401 towards fuquay varina turn left on wilburn rd first driveway on left

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

I James Carlton Williams will provide the mechanical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is \_\_\_\_\_, 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.

Fowler and Sons Inc  
Contractor's Company Name  
105 rupert rd suite 2 raleigh nc 27604  
Address  
6622ph3  
License # \_\_\_\_\_

9197794330  
Telephone  
Carltonwilliams128@gmail.com  
Email Address

Structure Owner / Contractor Signature: *James Carlton Williams* Date: \_\_\_\_\_

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

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

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Electrical\*: 200 Amp \_\_\_ <200 Amp \_\_\_ Service Change \_\_\_ Service Reconnect \_\_\_ Other \_\_\_  
\* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap  Number of Baths 5 Water Heater

Specific Directions to Job from Lillington:

take 401 towards fuquay varina turn left on wilburn rd first driveway on left

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

I James Carlton Williams will provide the plumbing labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 6622ph3, 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.

Fowler and Sons Inc  
Contractor's Company Name  
105 rupert rd suite 2 raleigh nc 27604  
Address  
6622ph3  
License #

9197794330  
Telephone  
Carltonwilliams128@gmail.com  
Email Address

Structure Owner / Contractor Signature: *J Carlton Williams* Date: \_\_\_\_\_

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COUNTY OF Harnett

Harnett Inspection Department

Parcel Identification Number and address where the building is to be constructed: PIN 0641-86-5482.000

Address Wilburn Rd

Type of construction:  Residential  Commercial  Industrial  Other

Intended use after completion (e.g. Personal residence): Personal Residence

Building permit number associated with this application: 1750040851

I, James Carlton Williams (919) 795-7017  
(Print Full Name) (Phone Number)

hereby claim exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-5 below attesting to the following:

- 1. JCW I certify I am the owner of the property set forth above on which a building is to be constructed or altered and for which application for a building permit is hereby made;
- OR
- JCW I am legally authorized to act on behalf of the firm or corporation that is constructing or altering this building on the property owned by the firm or corporation as set forth above:

(Name of Firm or Corporation)

- 2. JCW I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1, Chapter 87 of the General Statutes of North Carolina.
- 3. JCW I will be on site regularly during construction and I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina.
- 4. JCW I understand that by executing this licensing exemption AFFIDAVIT pursuant to G.S. 87-1(b)(2), I am required by law to occupy the building for which the licensing exemption is granted for twelve months after completion, during which time it may not be offered for rent, lease or sale.
- 5. JCW I understand a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand if the North Carolina Licensing Board for General Contractors determines I am not entitled to claim this exemption the building permit issued for the construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

James Carlton Williams 4-5-17  
(Signature of Affiant) (Date)

Sworn or affirmed and subscribed before me this the 5 day of 4, 2017

Jennifer Brocke  
(Signature of Notary Public)

(Notary Stamp or Seal)

Jennifer Brocke  
(Printed Name of Notary Public)

(NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to NC G.S. 14-209)

# Acknowledgement

STATE OF NC

COUNTY OF Harnett

I certify that James Carlton Williams personally appeared before me this day, acknowledging to me that he or she signed the foregoing document: Borrowed Funds for Construction Loan  
Name or description of attached document

I further certify that (select one of the following identification options):

- I have personal knowledge of the identity of the principal(s)
- I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a NCID  
type of identification
- A credible witness, \_\_\_\_\_, has sworn or affirmed to me the identity of the principal, and that he or she is not a named party to the foregoing document, and has no interest in the transaction.  
name of credible witness

Date: April 4 2017

Brittany Clifton  
Notary Public  
Brittany Clifton  
Typed or Printed Notary Name

My commission expires: August 16 2017



April 4, 2017

To whom it may concern:

There are no borrowed funds being used for the construction of the house being built at 540 Wilburn Road, Fuquay NC. This house is being built for James Carlton Williams and Sarah Cashion Williams.

Notary \_\_\_\_\_

*James Carlton Williams*