

(910) 893-7527/FAX (910) 893-2793

APPLICATION FOR PERMIT

OWNERS NAME Whitterton Builders DATE 7/13/09
ADDRESS _____ PHONE _____
DIRECTIONS TO JOB SITE _____

SUBDIVISION _____ STREET NAME _____
TYPE OF CONSTRUCTION: (PLEASE CHECK) BUILDING USE
NEW RENOVATION ADDITION RESIDENTIAL MODULAR
MOVED HOUSE OTHER COMMERCIAL MULTI-FAMILY
SPECIFY TYPE OF WORK _____ INDUSTRIAL DUPLEX
TOTAL CONSTRUCTION COST \$ _____

BUILDING PERMIT INFORMATION

HEATED _____ CRAWL SPACE BUILDING CONSTRUCTION COST \$ _____
UNHEATED _____ ACRES DISTURBED _____ STORIES 1

Whitterton Builders Enterprises Inc
BUILDING CONTRACTOR'S COMPANY NAME 1055 Tishman Rd Dunn, N.C. 28534
J. Percy Whitterton Sr. ADDRESS
SIGNATURE OF OFFICER (S) OF CORPORATION 48607 (919) 894-5591
LICENSE # TELEPHONE #

ELECTRICAL PERMIT INFORMATION

DESCRIPTION OF WORK _____ ELECTRICAL COST \$ _____
TYPE OF POLE _____ UNDERGROUND OVERHEAD
PERMANENT SERVICE UNDERGROUND OVERHEAD SERVICE SIZE: 200 AMPS
Bryde Electric & Repair Service 143 Mingo Rd Benson NC 27504
BUILDING CONTRACTOR'S COMPANY NAME ADDRESS
Johnny H. Bryde 20256-1 894-3139
SIGNATURE OF OFFICER (S) OF CORPORATION LICENSE # TELEPHONE #

PLUMBING PERMIT INFORMATION

DESCRIPTION OF WORK _____ PLUMBING COST \$ _____
NUMBER OF BATHS _____ NUMBER OF FIXTURES _____
Hill's Plumb Co. 103 Callie Dr. Gadsden N.C.
BUILDING CONTRACTOR'S COMPANY NAME ADDRESS
W.D. Hill 08948 1-500-551-5029
SIGNATURE OF OFFICER (S) OF CORPORATION LICENSE # TELEPHONE #

MECHANICAL PERMIT INFORMATION

DESCRIPTION OF WORK _____ MECHANICAL COST \$ _____
TYPE OF SYSTEM _____ NUMBER OF UNITS _____
Beasly's Heating & Air Inc 576 C. Brooks Dr. Coats N.C. 27521
BUILDING CONTRACTOR'S COMPANY NAME ADDRESS
R. Bryant Beasly 4497 919-674-4242
SIGNATURE OF OFFICER (S) OF CORPORATION LICENSE # TELEPHONE #

INSULATION PERMIT INFORMATION

RESIDENTIAL OTHER NOT REQUIRED
BUILDING CONTRACTOR'S COMPANY NAME _____ ADDRESS _____
TELEPHONE # _____

I hereby certify that I have the authority to make the 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.

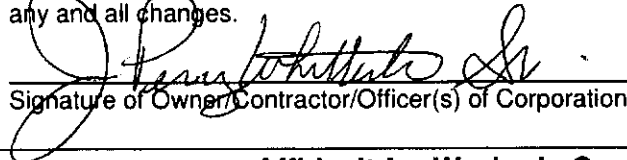
J. Percy Whitterton Sr. 12-00-02
Signature of Owner/Contractor/Officer (s) of corporation

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.


7-13-09

 Signature of Owner/Contractor/Officer(s) of Corporation 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.

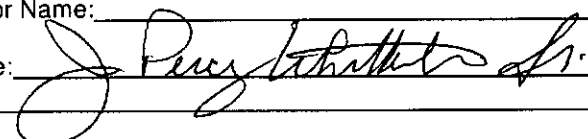
_____ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

_____ 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: 7-13-09

Plan Box Number _____

Job Name WHITTENTON
BLDG.

Date: 9-13-09

Required Inspections for SFA/SFD

Appl. # 0850019507
Valuation \$36,384
Sq. Feet 560

Sequence

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