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 #_

SCANNED

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application for Building a	nd Trades Permit
Owner's Name: Behnie William	W
•	dFFPhone: \$220520
Directions to job site from Lillington: 10 miles	
	UMBERIAND COUNTY
A de la Companya de l	line
Subdivision: See Site plan	Lot:
Description of Proposed Work: ERRUT	70 × 100 × 14 = 25011:12
Heated SE DAM	
General Contractor Information	Building Cost \$ 1003000
Bill HiRed vet	
Building Contractor's Company Name Te	lephone
Address	License #
3/.//	st sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation	
Description of WorkService Siz	ro: 1777 Amne #TPoles /
Bennic Williams cell	P180795 OFFice 8221190
Electrical Contractor's Company Name Te	lephone
1901 PAINAlee DR FAY	reTrevillesFo &180
Address	License #
Signature of Officer(s) of Corporation	
Mechanical Permit Information	Mech Cost \$/A
Description of Work	# Units
·	
Mechanical Contractor's Company Name	Telephone
Addroop	License #
Address	
Signature of Officer(s) of Corporation	SID NO FST
Plumbing Permit Information P	lumb Cost \$ 500.00 EST
Description of Work 1012C1	# Baths VION C
Plumbing Contractor's Company Name	Telephone
alal philes (Trave)	Tribille
Address Linde	License #
Benio Williams	•
Signature of Officer(s) of Corporation Insulation Permit I	nformation
insulation Permit in	inormation
Insulation Contractor's Company Name & Address	Telephone

A	pplication	#	

Sprinkler Syste	em Information	
Sprinkler Contractor's Company Name	Contact & Telephone	
Address	License #	
	Liconiae #	
Signature of Officer(s) of Corporation Fire Alarm Syst	em Information	
n/A		
Fire Alarm Confractor's Company Name	Contact & Telephone	
Address	License #	
Signature of Officer(s) of Corporation		
Driveway Access - NC Department of Transport	ation Driveway Access/Permit? Yes	No
I hereby certify that I have the authority to make necessand that the construction will conform to the regulation Mechanical codes, and the Harnett County Zoning Orceontractors is correct as known to me and if any change number of bedrooms, building and trade plans, Environic changes, I certify it is my responsibility to notify the Hamiltonian and all changes. Signature of Owner Contractor/Officer(s) of Corporation	ons in the Building, Electrical, Plumbing dinance. I state the information on the a les occur including listed contractors, site mental Health permit changes or proposed met County Central Permitting Department.	and bove plan, f use
Affidavit for Worker's Con The undersigned applicant being the:	npensation N.C.G.S. 87-14	
General Contractor Owner	_ Officer/Agent of the Contractor or Owner	r
Do hereby confirm under penalties of perjury that the pesset forth in the permit:	erson(s), firm(s) or corporation(s) performin	ng the work
Has three (3) or more employees and has obtain	ed workers' compensation insurance to co	ver them.
Has one (1) or more subcontractors(s) and has c	btained workers' compensation insurance	to cover
Has one (1) or more subcontractors(s) who has to	heir own policy of workers' compensation i	insurance
Las no more than two (2) employees and no sub	ocontractors.	
While working on the project for which this permit is sou Department issuing the permit may require certificates of to issuance of the permit and at any time during the per carrying out the work.	of coverage of worker's compensation insu	rance prior
Company or Name:		
Sign w/Title: Bennie Milliam	owne Date: 1-13-00) ·

Application #	20	734



Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of S	s) of Structure:Phone:	
	iling Address:	
Land Owner	Name (s):Phone:	
Construction	or Site Address:	
PIN or Parcel	# from GIS:	
Job Cost:	Description of Work to be done	
Mechanical:	New Unit With Ductwork New Unit Without Ductwork Gas Piping	
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 Direc	ctions to Job from Lillington:	
Subdivision:	Lot #:	
(Contra	will provide the Plunchage labor on this structure. (Trade) ling owner or my NC state license number is Ocall, 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 own	ner(s) signature: Date:	
Company Na Addre	res: JANA BNE COOT Phone: 9/0-574-078 ress: 5176 Tourty Rd Jana ry: GAMPSon Contractor's License #: ,00099 actor's Signature: Capan Bayon Date: 2-9-09	
Count	ty: <u>GAMPSov</u> Contractor's License #:	
Contr	pany name, address, & phone must match information on license.	
"Com	ipally lialite, auditos, a privrit must mater miviliation on notice.	

Application # 08-500 20734

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

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www.harnett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure: Bennie Williams Phone: 8/P0795
Owner (s) of Structure: Dennier Opp MSON Linden 20356
Owner (s) Mailing Address: 1/2/ // // ///// /////////////////////
Land Owner Name (s): Same Phone: Construction or Site Address: Companche DR. PIN or Parcel # from GIS:
Job Cost: 5 000 - Description of Work to be done WITE + INSTALL FUTURES IN
mexime univer
Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping
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: 401 SOUTH TEIRLEN RANNEEVEL ON THE LEFT BEFORE HOLSHOE REND FD (OL) CRAVE PIT)
Subdivision:Lot #:
JANES A TSAN will provide the <u>ELECTRICAL</u> labor on this structure. (Contractors Name) (Trade) am the building owner or my NC state license number is <u>22071-L</u> , 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:
Company Name: BRIN ELECTRICAL Co. Phone: 237-5994
Address: 5615 SANTO JACKOW P) WAVE, NC 28395
County: Cin-TERLAND Contractor's License #: 22071-L Date: 5-14-09
Contractor's Signature.
*Company name, address, & phone must match information on license.