

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

SCANNED
8/21/08
DATE

Application for Building and Trades Permit

Owner's Name: Bennie Williams Date: _____

Site Address: HWY 421 + 2027 SR OFF Phone: P22052P

Directions to job site from Lillington: 10 miles South 401
APPROX 1,000 FT NORTH CUMBERLAND COUNTY
ON LEFT X ← Key line

Subdivision: see site plan Lot: _____

Description of Proposed Work: ERRECT 70 X 100 X 14 = 250M:12

Heated SF _____ Unheated SF 2000
General Contractor Information Building Cost \$ 100,000

NOT Hired yet
Building Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Bennie Williams owner Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information Elec Cost \$ 2,000
Description of Work _____ Service Size: 200 Amps #TPoles 1
Bennie Williams cell 910795 office P221190

Electrical Contractor's Company Name _____ Telephone _____
1901 RAMSEY DR FAYETTEVILLE SC 29110
Address _____ License # _____

Bennie Williams
Signature of Officer(s) of Corporation
Mechanical Permit Information Mech Cost \$ L/A

Description of Work _____ # Units _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____
Plumbing Permit Information Plumb Cost \$ 500.00 EST

Description of Work TOILET LABATORY # Baths none
Bennie Williams 910795

Plumbing Contractor's Company Name _____ Telephone _____
9101 RAMSEY ST FAYETTEVILLE
Address _____ License # _____
Linden

Bennie Williams
Signature of Officer(s) of Corporation

Insulation Permit Information

Insulation Contractor's Company Name & Address _____ Telephone _____

Change
of
Center

Application # 20734

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 Structure: _____ Phone: _____

Owner (s) Mailing 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 Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I Jason BNEFOOT will provide the Plumbing labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 20094, 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: _____ Date: _____

Company Name: JASON BNEFOOT Phone: 910-574-0781

Address: 5476 Trinity Rd

County: Sampson Contractor's License #: 20094

Contractor's Signature: Jason Bnefoot Date: 2-9-09

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

Application # 08-500 20734

Harnett County Central Permitting

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41 COMANCHE DR
ERWIN 28339

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

Owner (s) of Structure: Bennie Williams Phone: 810 795

Owner (s) Mailing Address: 2121 RAMSEY Linden 28356

Land Owner Name (s): SAME Phone: _____

Construction or Site Address: COMANCHE DR #1

PIN or Parcel # from GIS: _____

Job Cost: \$5,000 - Description of Work to be done WIRE + INSTALL FIXTURES IN
REPLACEMENT HANGER

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 TRAILER RAMP LEVEL ON THE LEFT BEHIND
HORROR ROAD RD. (OLD GRAVEL PIT)

Subdivision: _____ Lot #: _____

I JAMES A BAIN will provide the ELECTRICAL labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 22071-L, 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: _____ Date: _____

Company Name: BAIN ELECTRICAL CO. Phone: 237-5994

Address: 5615 SAMBO JACKSON RD WADE, NC 28395

County: CUNBERLAND Contractor's License #: 22071-L

Contractor's Signature: [Signature] Date: 5-14-09

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