



Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
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 information on license.

Application for Residential Building and Trades Permit

Owner's Name: Joseph R. Dunn Date: 7-7-2020
Site Address: 852 Miller Rd., Benson, NC 27504 Phone: 919-207-7620
Subdivision: _____ Lot: _____
Description of Proposed Work: 30x45 storage/shop Total Job Cost: \$27,000

General Contractor Information

Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Electrical Contractor Information

Description of Work basic electrical service Service Size: 300 Amps T-Pole: Yes No
GEC Electric, Inc. (Lighting/Receptacles) 919-894-4404
Electrical Contractor's Company Name _____ Telephone _____
Address P.O. Box 957, Benson, NC 27504 Email Address gec.electricinc@bensonnc@gmail.com
19589-L
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

***NOTE: General Contractor / owner 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.

Joseph R. Brown
Signature of Owner/Contractor/Officer(s) of Corporation

7-7-2020
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.

Sign w/Title: _____ Date: _____



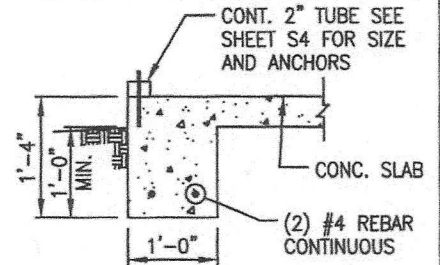
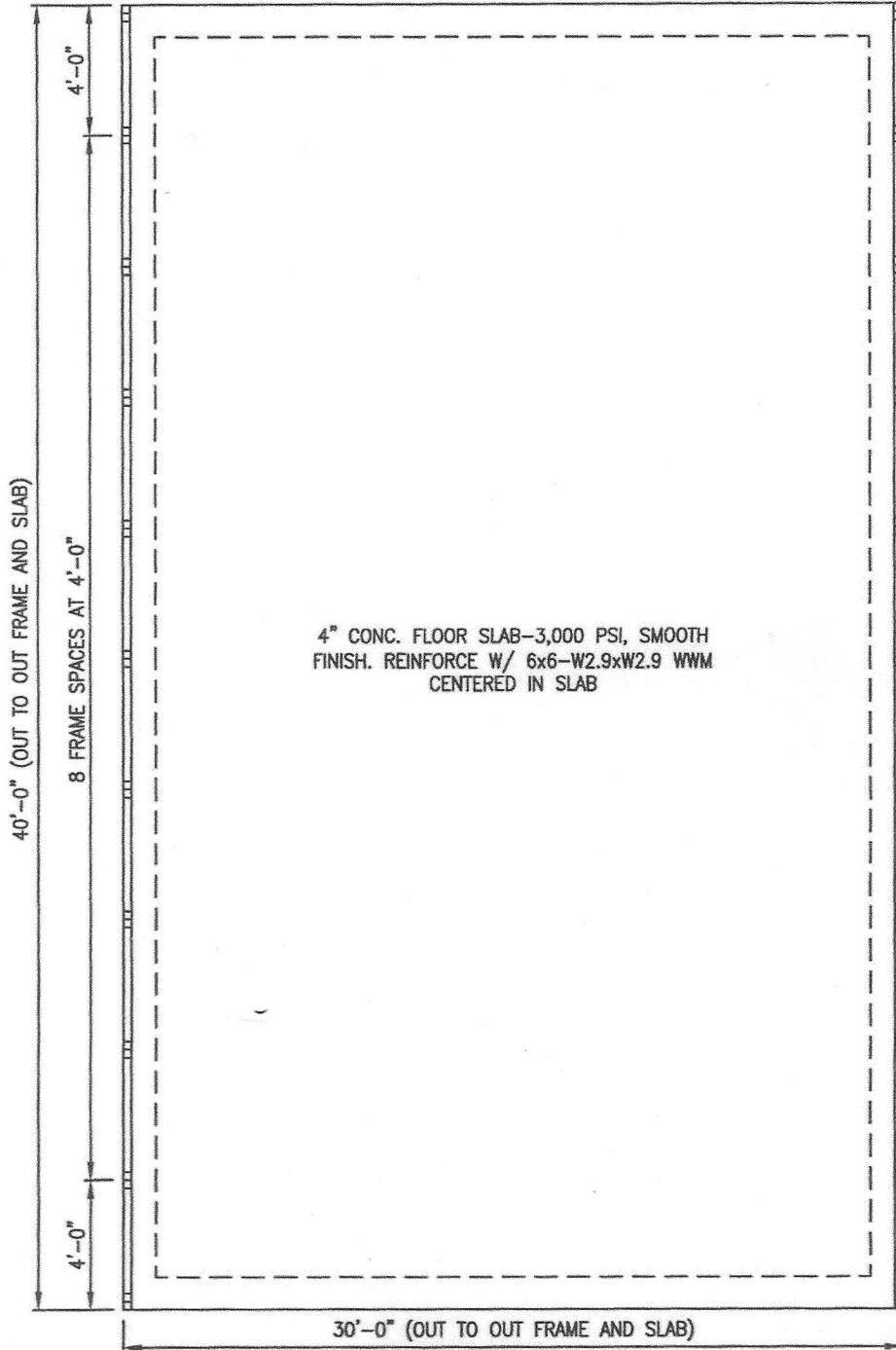
JS CONSULTING & DESIGN
ENGINEERING AND CONSULTING
1183 S NC 41 & HWY 111
BEULAVILLE, NC 28518
P (252) 286-4512
F (252) 286-4512

CERTIFICATE NUMBER: P-1513

Client:
Superior Metal Structures & Concrete
1183 S NC 41 & HWY 111
Beulaville, NC 28518
(p) 252-286-4512

Project:
30'x45'x10'
Joseph R. Dunn
930 Miller Rd
Benson, NC 27504

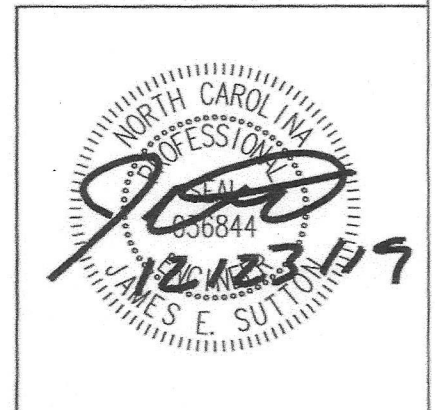
Job No:
1901-1680
Date:
06/24/20
Sheet:
S1



(A) SLAB TURN DOWN
NOT TO SCALE

DRAINAGE NOTE:
OWNER TO PROVIDE POSITIVE
DRAINAGE AWAY FROM BLDG. PAD.

FOUNDATION PLAN
NOT TO SCALE





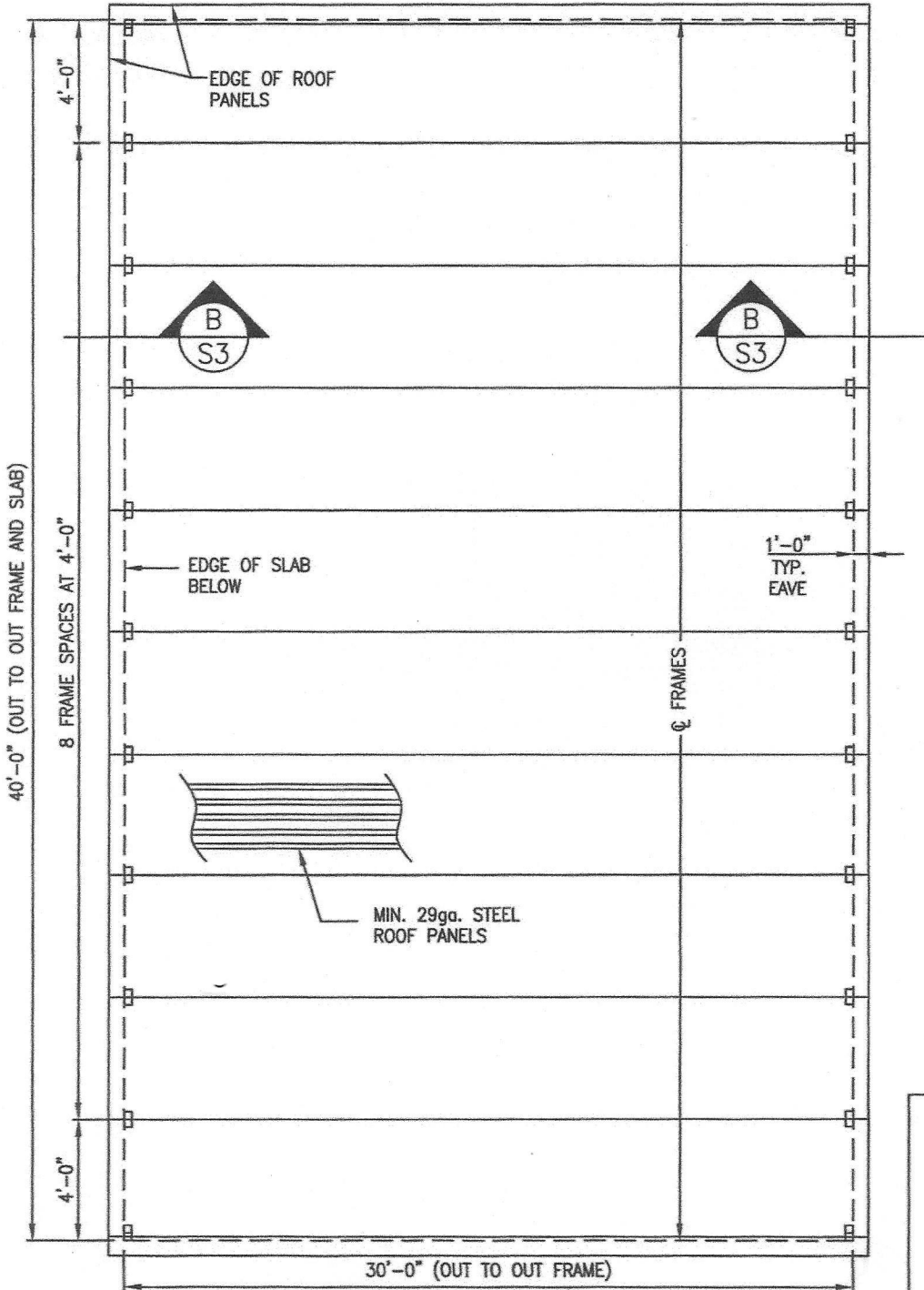
JS CONSULTING & DESIGN
ENGINEERING AND CONSULTING
1183 S DUPONT RD
RALEIGH, NC 27614
P (919) 674-1889
F (919) 674-1887

CERTIFICATE NUMBER: P-1513

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1183 S NC 41 & HWY 111
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Job No:
1901-1680
Date:
06/24/20
Sheet:
S2



FRAMING PLAN
NOT TO SCALE





JS CONSULTING & DESIGN
ENGINEERING AND CONSULTING
11703 DURANT RD
RAVENNA, NC 27854
TEL: (252) 437-1100
FAX: (252) 437-1101

CERTIFICATE NUMBER: P-1513

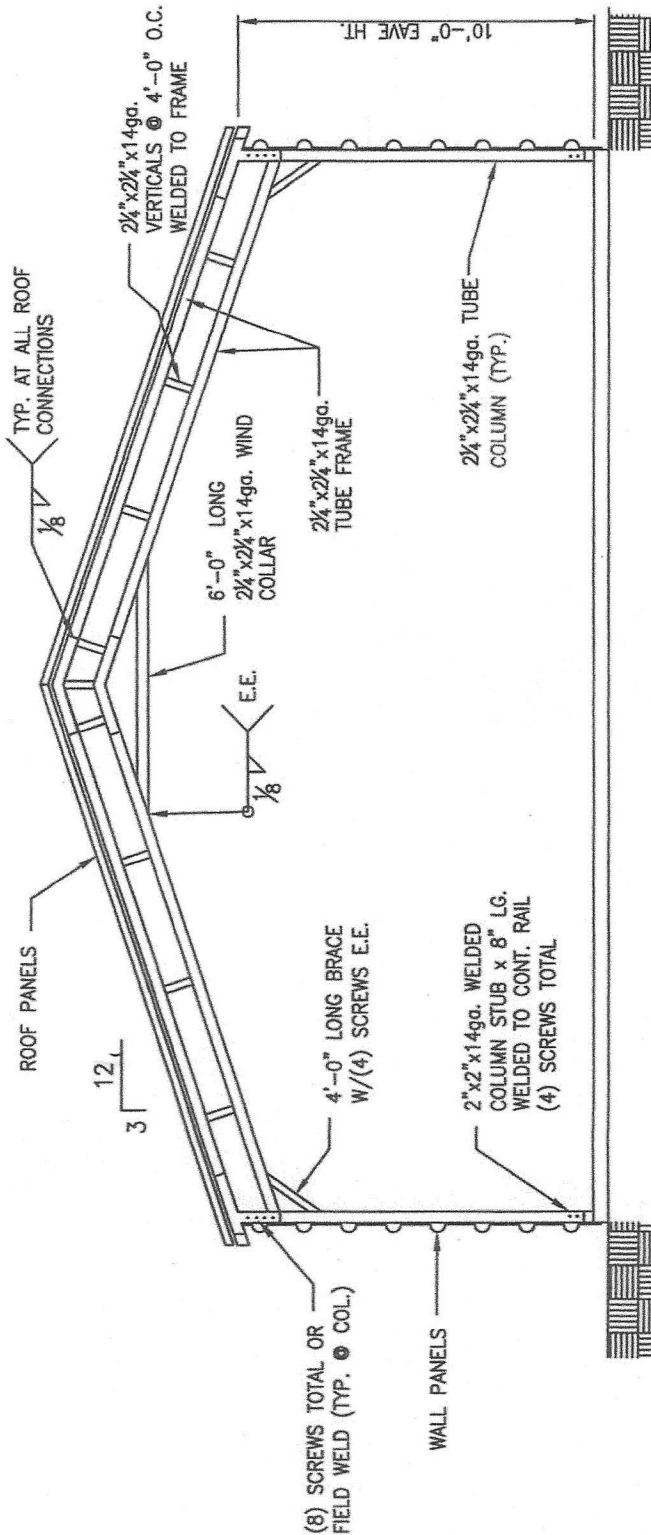
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Beulaville, NC 28518
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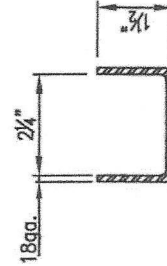
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S3



TYPICAL CROSS SECTION B-B
NOT TO SCALE



TYP. WIND COLLAR/BRACE
NOT TO SCALE

GABLE END WALL FRAMING
GABLE END WALLS SHALL BE FRAMED @ 4' O.C.
USING 2-1/4" 14ga SQUARE TUBES TO THE
BOTTOM RAIL AND RAFTERS W/ L-CLIPS AND
(2) SCREWS IN EACH LEG OF THE CLIP. ANY
STUDS OVER 13'-0" IN LENGTH SHALL BE (2)
2-1/4" 14ga AND ATTACHED W/ (2) L-CLIPS
AND (2) SCREWS IN EACH LEG OF THE CLIP.





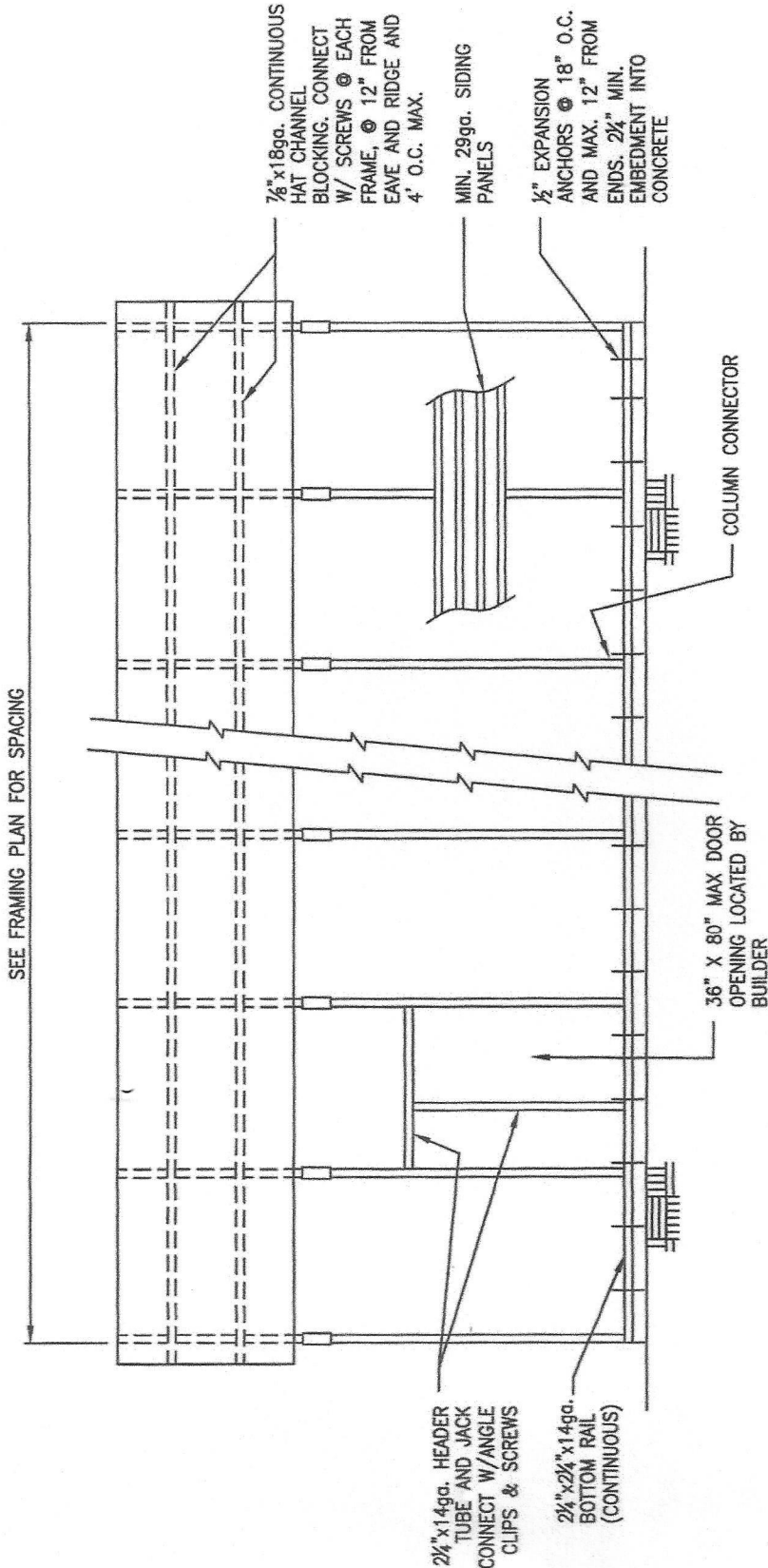
JS CONSULTING & DESIGN
ENGINEERING AND CONSULTING
11700 WOODHOLLOW DRIVE
FARMINGTON, NC 27834
(704) 852-1111

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S4



DOOR OPENING NOTE:
FOR DOORS PLACED IN GABLE END WALLS ONLY. EXACT LOCATION TO BE DETERMINED BY BUILDER. MINIMUM HEADER SIZE (2) 2-1/4" 14gc SQUARE TUBES ATTACHED TOGETHER W/ CLIPS AND SCREWS @ 1'-0" O.C. MINIMUM (1) 2-1/4" KING STUD EACH SIDE FOR DOORS LESS THAN 10' WIDE AND (2) 2-1/4" KING STUD EACH SIDE FOR DOORS 12' AND WIDER. ATTACH USING ANGLE CLIPS AND SCREWS

SIDE ELEVATION
NOT TO SCALE

ALL ANGLE CLIPS TO HAVE (2) SCREWS INSTALLED IN EACH LEG OF ANGLE. TYP.



