

Plan Box # C6

Date 1-11-16

Job Name Leggs, Roscoe

App # 1650037823

Valuation 119,308

Heated SQ Feet 758

72,762

Garage 1258

46,546

**Inspections for SFD/SFA**

Crawl \_\_\_\_\_ Slab \_\_\_\_\_ Mono \_\_\_\_\_ Basement \_\_\_\_\_

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey \_\_\_\_\_

Envir. Health Qvist  
Septic

Other \_\_\_\_\_  
\_\_\_\_\_

**Additions / Other**

- Footing \_\_\_\_\_
- Foundation \_\_\_\_\_
- Slab \_\_\_\_\_
- Mono \_\_\_\_\_
- Open Floor \_\_\_\_\_
- Rough In \_\_\_\_\_
- Insulation \_\_\_\_\_
- Final \_\_\_\_\_

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793  
Bldg Insp scheduled before 2pm available next business day.

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Application Number . . . . .	16-50037823	Date	1/29/16
Property Address . . . . .	1173 DOCS RD		
PARCEL NUMBER . . . . .	03-0507- - -0088- -01-		
Application type description	CP ADD & ALTER RESIDENTIAL		
Subdivision Name . . . . .			
Property Zoning . . . . .	PENDING		

Owner

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LEGGS ROSCOE D & A  
RT 2 BOX 195  
LILLINGTON NC 27546  
(919) 499-5905

Contractor

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GARY ROBINSON HOMES LLC  
4140 RAMSEY ST  
SUITE 115  
FAYETTEVILLE NC 28311  
(910) 977-2562

Applicant

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LEGGS ROSCOE  
1173 DOCS RD  
LILLINGTON NC 27546  
(919) 499-5905

--- Structure Information 000 000 50X34.8 SUNROOM/GARAGE/MUDROOM

Flood Zone . . . . .	FLOOD ZONE X		
Other struct info . . . . .	# BEDROOMS		3.00
	SEPTIC - EXISTING?		EXIST SEPTIC
	WATER SUPPLY		COUNTY

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Permit . . . . .	RESIDENTIAL BUILDING PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1123405		
Issue Date . . . . .	1/29/16	Valuation . . . . .	119308
Expiration Date . . . . .	1/28/17		

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Permit . . . . .	LAND USE PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1124841		
Issue Date . . . . .	1/29/16	Valuation . . . . .	0
Expiration Date . . . . .	7/27/16		

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Special Notes and Comments  
T/S: 01/11/2016 11:37 AM LBENNETT --  
TAKE HWY 27 TOWARDS WESTERN HARNETT  
HIGH SCHOOL TAKE STATE RD 1116 DOCS  
ROAD TO THE LEFT GO 2 MILES 1173 DOC RD  
IS ON THE LEFT

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\_\_\_\_\_

\_\_\_\_\_

Application Number . . . . . 16-50037823  
Property Address . . . . . 1173 DOCS RD  
PARCEL NUMBER . . . . . 03-0507- - -0088- -01-  
Application description . . . . . CP ADD & ALTER RESIDENTIAL  
Subdivision Name . . . . .  
Property Zoning . . . . . PENDING

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type . . . . .			RESIDENTIAL BUILDING PERMIT		
999	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	____/____/____
999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	____/____/____
999	113	B113	R*BLDG WATER/DAMP PROOFING	_____	____/____/____
999	217	E217	R*ELEC RECONNECT	_____	____/____/____
999	209	E209	R*ELEC TEMP POWER CERT	_____	____/____/____
999	207	E207	R*ELEC TEMP SERVICE POLE	_____	____/____/____
999	205	E205	R*ELEC UNDER SLAB	_____	____/____/____
999	213	E213	R*ELECTRICAL UNDERGROUND	_____	____/____/____
999	409	M409	R*GAS PIPING	_____	____/____/____
999	405	M405	R*MECHANICAL UNDERGROUND	_____	____/____/____
999	105	B105	R*OPEN FLOOR	_____	____/____/____
999	305	M305	R*PLUMB SEWER CONNECTION	_____	____/____/____
999	309	P309	R*PLUMB UNDER SLAB	_____	____/____/____
999	307	P307	R*PLUMB WATER CONNECTION	_____	____/____/____
999	115	B115	R*OVERHEAD ELEC, MECH, PLB	_____	____/____/____
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	____/____/____
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	____/____/____
999	814	A814	ADDRESS CONFIRMATION	_____	____/____/____
999	429	R429	FOUR TRADE FINAL	_____	____/____/____
999	425	R425	FOUR TRADE ROUGH IN	_____	____/____/____
999	131	R131	ONE TRADE FINAL	_____	____/____/____
999	125	R125	ONE TRADE ROUGH IN	_____	____/____/____
999	329	R329	THREE TRADE FINAL	_____	____/____/____
999	325	R325	THREE TRADE ROUGH IN	_____	____/____/____
999	229	R229	TWO TRADE FINAL	_____	____/____/____
999	225	R225	TWO TRADE ROUGH IN	_____	____/____/____
999		H828	ENVIRO. WELL PERMIT	_____	____/____/____
999	104	B104	R*FOUND & SETBACK VERIF SURVEY	_____	____/____/____

Permit type . . . . . LAND USE PERMIT

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Subdivision Name . . . . .			
Property Zoning . . . . .	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	818	Z818	PZ*ZONING INSPECTION	_____	__/__/__
			Permit type . . . . . LAND USE PERMIT		
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	__/__/__

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

**Application for Residential Building and Trades Permit**

Owner's Name Rose D. Lays Jr Date \_\_\_\_\_  
Site Address 1173 DDC Road Lillington, NC Phone 919-499-5905  
Directions to job site from Lillington From HCCP take 401 to 24/27 W go 10.9 mile turn left on DDCS Road 1.2 miles 1173 is on the left.

Subdivision NO Lot \_\_\_\_\_  
Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Gary Robinson Homes, LLC Telephone 910-401-5505  
Building Contractor's Company Name  
4140 Ramsey St, Suite 115, Fayetteville, NC 28311 Email Address patsy.grhomes@gmail.com  
Address  
67530  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Addition Service Size \_\_\_\_\_ Amps T-Pole \_\_\_\_\_ Yes \_\_\_\_\_ No  
Bugord Electric Telephone 1-818-0094  
Electrical Contractor's Company Name  
948 Pan Drive, Hope Mills, NC 28348 Email Address thomasdbugord@yahoo.com  
Address  
15109-L  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Addition  
Chaco, Inc Telephone 910-488-0318  
Mechanical Contractor's Company Name  
PO Box 36037, Fayetteville, NC 28303 Email Address Chaco@embargmail.com  
Address  
2957PH1-3  
License # \_\_\_\_\_

**Plumbing Contractor Information**

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

**Insulation Contractor Information**

Cumberland Insulation, Inc Telephone 1-910-484-7118  
Insulation Contractor's Company Name & Address

\*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

[Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation

1-27-16  
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 Rescoe Leggs

Sign w/Title [Signature] Date 1-29-16