

* 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
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: Southeastern Development Date: 11-09-07
Address: 389 Colonial Hills DR Phone: 910 (579)-2004
Directions to job site from Lillington: ~~220~~ 27 to Doc's Rd Turn Left
Approx. 3 miles on Right.
Subdivision: Colonial Hills Lot: 21A

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: 135,000.00 Description of Proposed Work: _____
General Contractor Information

Heated SF 1800 Crawl Space () Building Construction Cost \$ 115,000.00
Unheated SF 520 Slab () Acres Disturbed 1 Stories 1
RER Enterprises 910 977-2562
Building Contractor's Company Name Telephone
5511 Ramsey St. Fay. NC 28311 62661
Address License #
[Signature]

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information

Description of Work New Construction Electrical Cost \$ 4500.00
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: _____ Amps
SANDY RIDGE ELECT. INC. 910-323-2458
Electrical Contractor's Company Name Telephone
454 WHITEHEAD RD FAY. N.C. 28312 100064
Address License #
[Signature]

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work INSTALL NEW HVAC
Number of Units 2 Type System SPLIT Mechanical Cost \$ 7300
(CAROLINA COMFORT CENTER) Reddie
Mechanical Contractor's Company Name WARD Telephone
235 GUN CLUB DR PINEHURST NC 28374 29043
Address License #
[Signature]

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____
Number of Baths _____ Plumbing Cost \$ _____
Janice Johnson Plumbing 910-424-6712
Plumbing Contractor's Company Name Telephone
3242 mid pine DR Fay NC 28306 7756-P1
Address License #
[Signature]

Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

TRI CITY INSULATION 418 PERSON ST 910 486-8855
Insulation Contractor's Company Name & Address FAY NC 28301 Telephone

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.

Gary W. Robinson
Signature of Owner/Contractor/Officer(s) of Corporation

11/16/07
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: RER Enterprises

Sign w/Title: Gary W. Robinson Managing Member Date: 11/06/07

Please replace Mr. Electric for
Sandy Ridge Electric on applications

06-50015936, 0650015937, 0650015939

Gay W. Robinson
R & R Enterprises

Plan Box Number B-6

21A

Job Name R. + R. CONST.

Date: 11-19-07

Required Inspections for SFA/SFD

Appl. # 0650015937
Valuation \$152,553
Sq. Feet 2348

Sequence

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

Application # 06-50015936

Harnett County Central Permitting 06-50015937

PO Box 65 Lillington, NC 27546 06-50015939

Telephone Number 910-893-7525 Fax 910-893-2793

www.harnett.org

Certification of Work Performed By Owner/Contractor

Owner (s) of Structure: _____ Phone: _____

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN or Parcel #: _____

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 ___

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I, Luther T. Porter (Contractors Name) have provided or will provide the Electrical (Trade) labor on this structure. I am the building owner or hold a NC state limited Electrical (Trade) license number 4073-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: _____ Date: _____

Company Name: Mr. Electric Phone: 910-488-3093
Address: 1534 Bondonderry Place Fayetteville NC 28301
County: Cumberland Contractor's License #: 4073-U
Contractor's Signature: Oliver B. Porter-Durkin Date: Jan 29, 2008
*Company name, address, & phone must match information on license.

Jenkins Consulting Engineers, PA

7740 McArtans Ford
Linden NC 28356-0069
910.822.1724 910.822.4645(FAX) email: buddy.Jenkins@embarqmail.com

January 28, 2008

Harnett County
Inspections Department
Mr. Jimmy Hall

re: Pier footings, Lot 21A Colonial Hills, Harnett County

Please withdraw our drawing and letter dated December 31, 2007 for the footing repair at Lot 21A Colonial Hills.

Please let us know if you need additional information.

Buddy Jenkins
28, 2008

BUDDY JENKINS
Professional Engineer



**National Society of
Professional Engineers®**
NSPE Licensed Member