

\* 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: Robinson-Desoto Date: 12/3/07  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Directions to job site from Lillington: Take Hwy 27 South to Doc's Rd  
Turn Left and Colonial Hills on Right

Subdivision: Colonial Hills Lot: 24

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

Total Project Cost: \_\_\_\_\_ Description of Proposed Work: New Construction Home

**General Contractor Information**  
Heated SF 1500 Crawl Space ( ) Building Construction Cost \$ 115,000.00  
Unheated SF 400 Slab ( ) Acres Disturbed 1/2 Stories 1  
R & R Enterprises 910 977-2562  
Building Contractor's Company Name Telephone  
5511 Ramsey St Suite 300 Fayetteville, 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 \_\_\_\_\_ Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: \_\_\_\_\_ Amps  
SANDY RIDGE ELEC. INC. 910-323-2458  
Electrical Contractor's Company Name Telephone  
454 WHITEHERD RD FAY. N.C. 28312 100064  
Address License #  
[Signature]

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

**Plumbing Permit Information**  
Description of Work \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
Number of Baths \_\_\_\_\_  
DANCE JOHNSON PLUMBING 910-424-6712  
Plumbing Contractor's Company Name Telephone  
3242 MIDPINE DR FAY NC 28306 7756-PI  
Address License #  
[Signature]

**Insulation Permit Information** Residential (X) 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.

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

12/28/07  
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: R & R Enterprises  
Sign w/Title: *[Signature]* President    Date: 12/28/07

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 Mr. 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 Bondanderry Place Fayetteville NC 28301  
County: Cumberland Contractor's License # 4073-U  
Contractor's Signature: Luther T. Porter Date: Jan 29, 2008  
\*Company name, address, & phone must match information on license.

Please replace Mr. Electric for  
Sandy Ridge Electric on applications

06-50015936, 0650015937, 0650015939

Gary W. Robinson  
R & R Enterprises

Plan Box Number B 8

Job Name R + R Enterprises

Date: 12-28-07

Required Inspections for SFA/SFD

Appl. # 06-500 15939

Valuation 135660

Sq. Feet 2088

Sequence

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