whomever performing work. Must be owner	Applica	tion #
or licensed contractor. Address, company name & phone must match information on	Harnett County Central Perr	nitting
license.	PO Box 65 Lillington, NC 275 910-893-7525 Fax 910-893-2793 www.har	mett.org/permits
	lication for Residential Building a	
Owner's Name:/4J02	es Construction Snial HMS DR F	Date:
Site Address: 56 G	snial Hills DR F	Phone: <u>919-441-5656</u>
Directions to job site from Lillin	gton: Hwy 275 TL on Doc	s Rd Sub. on Right
	· · · · · · · · · · · · · · · · · · ·	
		·
Subdivision: <u>Colonia</u>	Hills	Lot: <u>28</u>
Description of Proposed Work:	MEW Constention	#Bedrooms:
	SF 500 Finished Rec Room?	Crawl Space) Slab ()
<i>.</i>	General Contractor Inform	nation
Building Contractor's Company	nes LLC 910	<u>-401 - 5505</u>
Address Address	+, Snite 300, Fayetteri	License #
Daw Welt-	_	& fill out second page
Signature of Owner/Contractor	/Officer(s) of Corporation	
Department of Mark + 14 +	Electrical Permit Informa	Amps TPole Vesho
Sandy Ridge Electri		323-2458
Electrical Contractor's Compar		ne
454 Whitehead Roy	d, Fayetteville	NCIDODGU
Address // /		License #
Val tome		
Signature of Officer(s) of Corpo	Mechanical/HVAC Permit Info	ormation
Description of Work		
		910-214-9584
All Around Heating Mechanical Contractor's Comp	pany Name 1	Telephone
9025 Old Foretteril	le Road, Fayetteville	29992 H3 Class
Address		License #
ninksons.		
Signature of Officer(s) of Corp	Plumbing Permit Information	ation
Description of Work _ الاورب		# Baths 2.5
•		910-818-4863
<u>Dell Haire Plumbin</u> Plumbing Contractor's Compa	ny Name	Telephone
7612 Documentan	Drive, Fayetteville	<u>24-20491</u> License #
Address	, , ,	License #
Signature of Officer(s) of Corp	oration	
Signature of Onicer(s) of Corp	Insulation Permit Informa	ation
Tri-City Buildine	Products	910-237-0457
Tri-Lity Building Insulation Contractor's Compa	ny Name & Address	Telephone

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Homeowners Applying to Build Their Own Home Please answer the following questions than 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 (Merno available upon request)
1. Do you own the land on which this building will be constructed?YesNo
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?
3. Do you intend to directly control & supervise construction activities?YesNo
4. Do you intend to schedule, contract, or directly pay for all phases ofYesNo
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?
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 <u>any</u> 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 of Owner/Contractor/Officer(s) of Corporation 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: CARY HOBINSON Homess
Company or Name: <u>CARU Robinson Hamss</u> Sign w/Title: <u>Nau Infline</u> Bunson Date: <u>Z-1-11</u>

Gary Robinson Homes, LLC. 5511 Ramsey Street, Suite 300 Fayetteville, NC 28311 (910) 401-5505

April, 4,2011

Harnett County Permitting Dept,

This letter is to inform you that **Custom Heating & Air (License #4508)** will now be the HVAC Subcontractor for :

Colonial Hills Lot(s)

#27- Permit #06-50015941

#28- Permit #06-50015946

#40- Permit #06-50015958

#60- Permit #06-50016038

Gwen Oaks Lot(s)

#14- Permit #10-500-25190

#20- Permit #10-500-25191

#55- Permit #10-500-25193

#58- Permit #10-500-25001

All Around Heating will no Longer be the Contractor on these lots.

Please refer any questions to:

Billy Elmore (910) 728-1554