		Application # <u>06500 15949</u>
* Each section below to be filled out by whomever performing work.	Harnett County Central Permitting	
Must be owner or licensed	PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org	/nermits
contractor. Address, company name & phone must match	310-030-7323   ax 310-033-2733 www.name.cog	,porma
	Application for Residential Building and Tra	ades Permit
11-		7 . /
Owner's Name:	Morres Construction	Date: <u>7-20-/0</u>
Site Address: 600		Phone: <u>910977-2562</u>
Directions to job site fro	om Lillington: Take Hwy 27W TL on Da	is Rd than TR on Colonial Hills
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Subdivision: Coloni	al H.lls	Lot: <u>3/</u>
Description of Propose	d Work: New Construction	# of Bedrooms: 3
	heated SF: <u>480</u> Finished Bonus Room?	
<b>A</b> .	General Contractor Information	
GARY Robmso		910 977-2562
Building Contractor's C		Telephone
	st. Suite 300	<u>99 ryrobinson homes Oyahoo, com</u> Emáil Address
Address		67530
Signature of Owner/Co	ntractor/Officer(s) of Corporation	 License #
- 2	Electrical Contractor Information	
		200 Amps T-Pole: Ves No
<u>Sandy Ridge</u> Electrical Contractor's	<u>Electric</u>	<u>9/0 323 - 2458</u> Telephone
454 Whitche		relephone
Address	HD FO	Email Address
Kath Home		NC 0006 U
	ntractor/Officer(s) of Corporation	License #
	Mechanical/HVAC Contractor Inform	ation
Description of Work	1 1 · · ·	Q10 2111 0 F811
<u>all apound t</u>	teating sain	9102149584 Telephone
Mechanical Contractor		relephone
9025 pld Fa Address	yettenille Ra	Email Address / /
Minh Kr	1 M m	29992 H3 class 1
Signature of Owner/Co	ontractor/Officer(s) of Corporation	License #
-	Plumbing Contractor Information	
	New Construction	_# Baths
Bass Tlumbi		<u>910 237- 7996</u>
Plumbing Contractor's	-	Telephone
<u>841 Lalce spur</u> Address		Email Address
Maymond Dae	1.	2289512-1
	ontractor/Officer(s) of Corporation	License #
	Dur Du Insulation Contractor Information	
TRI City 1	Sldg PROducts	<u>910 237 0457</u>
Insulation Contractor's	Company Name & Address	Telephone

\*NOTE: General Contractor must fill out and sign the second page of this application.

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Homeowners Applying to Build Their Own H Please answer the following questions then see a Permit Technician to determine if you qualify for per Questionnaire per G.S. 87-14 Regulations as to issue of Building Permits (Memo	rmit under Owners Exemption.
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?	YesNo
3. Do you intend to directly control & supervise construction activities?	YesNo
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 consecuments following completion of construction and do you understand that if you do not do só, it creates the presumption under law that you fraudulent secured the permit?	ly YesNo
I hereby certify that I have the authority to make necessary application, that the and that the construction will conform to the regulations in the Building, Elecondechanical codes, and the Harnett County Zoning Ordinance. I state the infor contractors is correct as known to me and if <u>any</u> changes occur including listed on number of bedrooms, building and trade plans, Environmental Health permit char changes, I certify it is my responsibility to notify the Harnett County Central Perrany and all changes. <b>EXPIRED PERMIT FEES</b> Months to 2 years permit re-issue fee is \$150.00. A is as per current fee schedule. May M.	application is correct strical, Plumbing and mation on the above contractors, site plan, ages or proposed use nitting Department of fter 2 years re-issue fee
Signature of Owner/Contractor/Officer(s) of Corporation Date	10
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the:	· · · · · · · · · · · · · · · · · · ·
	87-14
General Contractor Owner Officer/Agent of the Con	
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpora	tractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpora	tractor or Owner tion(s) performing the work
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corpora set forth in the permit: Has three (3) or more employees and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compens	tractor or Owner tion(s) performing the work insurance to cover them.
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation set forth in the permit: Has three (3) or more employees and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compension them. Has one (1) or more subcontractors(s) who has their own policy of workers'	tractor or Owner tion(s) performing the work insurance to cover them. ation insurance to cover
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation set forth in the permit: Has three (3) or more employees and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensition them.	tractor or Owner tion(s) performing the work insurance to cover them. ation insurance to cover
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate set forth in the permit: Has three (3) or more employees and has obtained workers' compensation Has one (1) or more subcontractors(s) and has obtained workers' compensite them. Has one (1) or more subcontractors(s) who has their own policy of workers' 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 Department issuing the permit may require certificates of coverage of worker's com-	tractor or Owner tion(s) performing the work insurance to cover them. ation insurance to cover compensation insurance
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporations at forth in the permit: 	tractor or Owner tion(s) performing the work insurance to cover them. ation insurance to cover compensation insurance compensation insurance pensation insurance prior n, firm or corporation

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Plan Box Number 8-2

Job Name Gry Robinson

Date: 7-26-10

## Required Inspections for SFA/SFD

Appl. # 06-5-1594 Valuation \$ 149 Sq. Feet 220

## Sequence

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R\* Bldg. Footing R\* Elec. Temp Service Pole **R\*** Building Foundation Address Confirmation **Open Floor** R\* Bldg. Slab Insp. R\* Elec. Under Slab R\*Plumb. Under Slab Four Trade Rough In Four Trade Rough In> 2500 Three Trade Rough In Three Trade Rough In> 2500 Two Trade Rough In Two Trade Rough In> 2500 One Trade Rough In One Trade Rough In > 2500 **R\*** Insulation Four Trade Final Four Trade Final > 2500 Three Trade Final Three Trade Final > 2500 **Two Trade Final** Two Trade Final > 2500 One Trade Final One Trade Final > 2500 **Envir. Operations Permit**