Application # 06 500 15950

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

## Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## **Application for Residential Building and Trades Permit**

Owner's Name: HJ Morris Construction	Date: 7-20-/0			
Site Address: 626 Colonial Hills DR	Phone: <u>910 977-256</u> 2			
Directions to job site from Lillington: TAKE Hwy 27W to Docs Rd Ta	L Then TR on Colonial Holls			
Subdivision: Colonial Hills	Lot: <u>32</u>			
Description of Proposed Work: New Construction	# of Bedrooms: 3			
Heated SF: 1750 Unheated SF: 420 Finished Bonus Room? General Contractor Information	Crawi SpaceSiab			
GARY ROBINSON HOMES	910 977-2562			
Building Contractor's Company Name	Telephone			
5511 Ramsey St. Suite 300	garyrabinson homss@yaha.com Email Address			
Day W. Khi	67530			
Signature of Owner/Contractor/Officer(s) of Corporation	License #			
Electrical Contractor Information	720 Amps T Polo: Ves No			
Description of Work Wew Construction Service Size:				
Sandy Ridge Electric	<u>9/0 323 - 2458</u> Telephone			
Electrical Contractor's Company Name	relephone			
454 Whitehead Rd	Email Address			
Address Home	NC 10006 U			
Signature of Owner/Contractor/Officer(s) of Corporation	License #			
Mechanical/HVAC Contractor Inform	<u>ation</u>			
Description of Work HEW Construction				
all around HEATTING Fain	910214 9584			
Mechanical Contractor's Company Name	Telephone			
9025 DID Fayetteuille Rl				
Address	Email Address /			
Signature of Owner/Contractor/Officer(s) of Corporation	29992 H3 Class 1			
Signature of Owner/Contractor/Officer(s) of Corporation	License #			
Plumbing Contractor Information				
Description of Work New Constaution	_# Baths			
Bass Tlumbing	910 237 - 7996			
Plumbing Contractor's Company Name	Telephone			
841 Lakespur De				
Address	Email Address			
Raymond Dace	22895p-1 License #			
Bignafure of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Information				
The City Bldg Products	910 237 0457			
Insulation Contractor's Company Name & Address	Telephone			

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

Homeowners Applying to Build Their Own in Please answer the following questions then see a Permit Technician to determine if you qualify for p	r <b>101116</b> sermit under Owne	ers Exemption.		
Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Mem				
Do you own the land on which this building will be constructed?	Yes _	No		
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 consect months following completion of construction and do you understand that you do not do so, it creates the presumption under law that you frauduler secured the permit?	if htly	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 <a href="mailto:any-changes">any-changes</a> 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. <b>EXPIRED PERMIT FEES</b> Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.  7-22-10				
Signature of Owner/Contractor/Officer(s) of Corporation Date				
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the:	. 87-14			
General Contractor Owner Officer/Agent of the Co	ntractor or Ow	ner		
Official Contractor Officer/Again of the Co	inductor of Off			
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate forth in the permit:		ning the work		
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate	ation(s) perfor	· ·		
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate forth in the permit:	ation(s) perforr	cover them.		
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate forth in the permit:  Has three (3) or more employees and has obtained workers' compensatio  Has one (1) or more subcontractors(s) and has obtained workers' compensation	ation(s) perform n insurance to esation insuran	cover them.		
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate 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' compensation.  Has one (1) or more subcontractors(s) who has their own policy of workers.	ation(s) perform n insurance to esation insuran	cover them.		
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate 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' compensation.  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 coto issuance of the permit and at any time during the permitted work from any personal contractors.	ation(s) perform n insurance to esation insurance s' compensation ne Central Perion empensation insurance	cover them.  ce to cover  in insurance  mitting surance prior poration		
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' compensation.  Has one (1) or more subcontractors(s) who has their own policy of workers covering themselves.	ation(s) perform n insurance to esation insurance s' compensation ne Central Perion empensation insurance	cover them.  ce to cover  in insurance  mitting surance prior poration		

Plan	Box	Number	B-2
		· . mirroct	

Job Name Gay Poblison

Date: 7-2610

## Required Inspections for SFA/SFD

Appl. # 06 5-15950 Valuation \$ 43,197 Sq. Feet 2264

## Sequence

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