

* 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.

DATE

Application # 0650015951

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Phone 910-893-7625 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit

Owner's Name: HJ MORRIS

Date: 2-8-10

Site Address: ~~1503 [unclear]~~ 636 Colonial Hills Dr.

Phone: 910 977-2562

Directions to job site from Lillington: Take Hwy 27W to Docs Rd Turn Left onto Docs then left on Colonial Hills

Subdivision: Colonial Hills

Lot: 33

Description of Proposed Work: New Construction Home

#Bedrooms: 3

Heated SF 1782 Unheated SF 100 Finished Rec Room? No

(Crawl Space) Slab ()

Gary Robinson Homes

General Contractor Information

910-977-2562

Building Contractor's Company Name

Telephone

5511 Ramsey St. Suite 300

67530

Address

License #

[Signature]

Signature of Owner/Contractor/Officer(s) of Corporation

Must sign & fill out second page

Description of Work

Electrical Permit Information

Coastal Carolina

Service Size:

Amps TPole: yes/no

Electrical Contractor's Company Name

910 824-0162

Telephone

1722 Gillespie Street

14072-11

Address

License #

[Signature]

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work

Coastal Carolina

Mechanical Contractor's Company Name

Telephone

1722 Gillespie Street

NC09980

Address

License #

[Signature]

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work

Boss Plumbing

Plumbing Contractor's Company Name

Baths

910 977-7996

Telephone

406 DeHavilland DR

22895

Address

License #

[Signature]

Signature of Officer(s) of Corporation

Insulation Permit Information

TRICITY Insulation

Insulation Contractor's Company Name & Address

Telephone

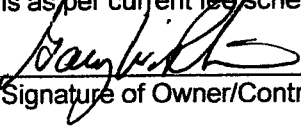
Homeowners Applying to Build Their Own Home

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.

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

2-8-10
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.

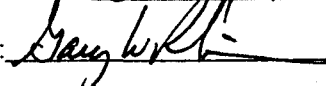
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: GARY ROBINSON HOMES

Sign w/Title:  OWNER Date: 2-8-10

Plan Box Number F7

Job Name COLONIAL HILLS

Date: 02-12-10

Required Inspections for SFA/SFD

Appl. # 06-50015951

Valuation 145,146

Sq. Feet 2234

Sequence

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