

\* 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 # 06 50015954

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Phone 910-893-7626 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: 626 Colonial Hill Phone: 910 977-2562  
Directions to job site from Lillington: Hwy 27W Turn Left on Docs Rd  
then Right on Colonial Hills DR.

Subdivision: Colonial Hills Lot: 36  
Description of Proposed Work: New Construction Home #Bedrooms: 3  
Heated SF 1105 Unheated SF 400 Finished Rec Room? No Crawl Space  Slab

Gary Robinson Homes 910-977-2562  
Building Contractor's Company Name Telephone  
5511 Ramsey St. Suite 300 67530  
Address License #  
Gary Robinson

Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page

**Electrical Permit Information**  
Description of Work: Coastal Carolina Service Size: \_\_\_\_\_ Amps TPole: yes/no  
Electrical Contractor's Company Name 910 824-0162  
1722 Gillespie Street Telephone  
Address 14072-11  
[Signature] License #

**Mechanical Permit Information**  
Description of Work: Coastal Carolina  
Mechanical Contractor's Company Name Telephone \_\_\_\_\_  
1722 Gillespie Street Address NC09980  
[Signature] License #  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**  
Description of Work: Boss Plumbing # Baths: \_\_\_\_\_  
Plumbing Contractor's Company Name Telephone 910 977-7996  
406 DeHavilland DR Address 22895  
[Signature] License #  
Signature of Officer(s) of Corporation

**Insulation Permit Information**  
Insulation Contractor's Company Name & Address Telephone \_\_\_\_\_  
TRI City Insulation

### 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.

*Gary Robinson*  
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: *Gary Robinson* owner    Date: 2-8-10

