Application # 06 500 15956

* 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 Morres Constructor	Date: <u>フ-2۵-/</u> /
OH Address 7110 Colonial Hills DR	Phone: 9/0927-2862
Directions to job site from Lillington: Take Hwy 27w TL on Dacs	s Rd Them TR on Colonia (Hills
Directions to job site from Limington.	
Class 1116	Lot: <u>38</u>
Subdivision: Colonial Hills Description of Proposed Work: NEW Construction	# of Bedrooms: 3
Description of Proposed Work: 102 Constitution of Proposed Work:	Growt Space: Slah:
Heated SF: 1770 Unheated SF: 420 Finished Bonus Room? General Contractor Information	on
GARY Robinson Homes	910 977-2562
Building Contractor's Company Name	Telephone
5511 Ramsey 8t. Suite 300	garyrobinson homes Quahoo, com
Address /	Émáil Address
Paya W. Khi	<u>67530</u>
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Description of Work Wew Lonsten Contractor Informat	e: 200 Amps T-Pole: Ves No
Sandy Ridge Electric	910 323 - 2458
Electrical Contractor's Company, Name	Telephone
454 Whitehead Rd	
	Email Address
Address	NC 10006 U
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical/HVAC Contractor Info	License #
Description of Work HEW Construction	, <u>.</u>
Description of Work MEW CONSTITUTE (177)	9102149584
AU ABOUND HEATTING & Ain Mechanical Contractor's Company Name	Telephone
9025 plo Fayetteuille R	·
Address Address	Email Address /
This James	29992 H3 Class I
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Informa	5
Description of Work New Constaution	# Baths <u>3</u> 910 237 - 7996
Bass Plumbing	<u>9/0 23 /- /7/0</u> Telephone
Plumbing Contractor's Company Name	Telephone
841 Lalce spur De Address	Email Address
Maynon Dan	22895P-1
Ridnature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Informa	ation Quality (1977)
TRI City Bldg PROducts	910 231 0 45 / Telephone
Insulation Contractor's Company Name & Address	relebuoue

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

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)				
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?YesNo				
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? YesNo				
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 Hamett 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 Hamett County Central Permitting Department of any and all changes. EXPIRED PERMIT FEES 16 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee scriptule.				
7-22-10				
Signature of Owner/Contractor/Officer(s) of Corporation Date				
Affidavit for Worker's Compensation N.C.G.S. 87-14				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
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				
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:				
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				
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				
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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				

Plan	Box	Number	B-2
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Job Name GARY Robinson

Date: 726-10

Required Inspections for SFA/SFD

Appl. # 06.5.15956 Valuation \$ 150.929 Sq. Feet 2323

Sequence

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