

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

Application for Residential Building and Trades Permit

Owner's Name: HJ Morris Construction Date: 3/3/11
Site Address: _____ Phone: _____

Directions to job site from Lillington: Hwy 275 T left on Docs Rd then Right on Colonial Hills Dr

Subdivision: Colonial Hills Lot: 40
Description of Proposed Work: New Construction # of Bedrooms: 3

Heated SF: 1795 Unheated SF: 420 Finished Bonus Room? NO Crawl Space: Slab: _____

General Contractor Information

GARY ROBINSON HOMES
Building Contractor's Company Name

910 9772562
Telephone

5511 Ramsey St. Suite 300
Address

Email Address

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

67350
License #

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole: Yes No
SANDY RIDGE ELECTRIC
Electrical Contractor's Company Name

910 323-2458
Telephone

454 Whitehead Rd
Address

Email Address

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

NC 100060
License #

Mechanical/HVAC Contractor Information

Description of Work New Construction
All Around Heating & Air
Mechanical Contractor's Company Name

910 214 9584
Telephone

9025 Old Fayetteville
Address

29992 H class 1
License #

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

Plumbing Contractor Information

Description of Work New Construction
Dell Hair Plumbing
Plumbing Contractor's Company Name

Baths 3
910 429-9939
Telephone

7612 Documentary Rd DRIVE Fayetteville NC 28311
Address

Email Address
24204 P-1
License #

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

Insulation Contractor Information

TRI City Bldg Products
Insulation Contractor's Company Name & Address

910 237-0457
Telephone

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

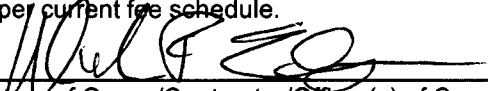
Homeowners Applying to Build Their Own Home

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)

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

3-4-11
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: _____

Sign w/Title:  - Project Manager

Date: 3-4-11

Gary Robinson Homes, LLC.**5511 Ramsey Street, Suite 300****Fayetteville, NC 28311****(910) 401-5505****April, 4, 2011****Harnett County Permitting Dept,**

This letter is to inform you that Custom Heating & Air (License #4508) will now be the HVAC Subcontractor for :

Colonial Hills Lot(s)**#27- Permit #06-50015941****#28- Permit #06-50015946****#40- Permit #06-50015958****#60- Permit #06-50016038****Gwen Oaks Lot(s)****#14- Permit #10-500-25190****#20- Permit #10-500-25191****#55- Permit #10-500-25193****#58- Permit #10-500-25001****All Around Heating will no Longer be the Contractor on these lots.****Please refer any questions to:****Billy Elmore (910) 728-1554**

