

* 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 # 06-50015959

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: ROBRUSON - DESOTO LLC Date: 7-30-07
Address: 2004 MERCURY DR - GERRAVILLE NC 27858 Phone: (252) 717-0510
Directions to job site from Lillington: 210 TO RAY RD. RT ON RAY.
RIGHT ON NURSERY LANE ON DOCS LEFT ON COLONIAL HILLS
Subdivision: COLONIAL HILLS Lot: 41

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: \$135,000 Description of Proposed Work: NEW RESIDENTIAL

General Contractor Information

Heated SF 1868 Crawl Space Building Construction Cost \$ 120,000
Unheated SF 580 Slab Acres Disturbed 0.3 Stories 2
R & R ENTERPRISES OF RAY (910) 401-5505
Building Contractor's Company Name Telephone
5431 ROWELL RD RAY NC 28311 62661
Address License #

Keith Reed
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Electrical Permit Information

Description of Work INSTALL NEW Electrical Cost \$ 4800
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead Service Size: 200 Amps
SANDY RIDGE ELEC. INC. 910-323-2458
Electrical Contractor's Company Name Telephone
454 WHITEHERD RD FAY, N.C. 28312 100064
Address License #

Carl Hone
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work INSTALL NEW HVAC
Number of Units 2 Type System SPLIT Mechanical Cost \$ 7300
CAROLINA COMFORT CENTER
Mechanical Contractor's Company Name Telephone
235 GUN CLUB DR PINEHURST NC 28374 29043
Address License #

Reidie J. Ward, Jr.
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work INSTALL NEW
Number of Baths 2 1/2 Plumbing Cost \$ 5700
DANCE JOHNSON PLUMBING 910-424-6712
Plumbing Contractor's Company Name Telephone
3242 MID PINE DR FAY NC 28306 7756-P1
Address License #

Wanda Bleacher
Signature of Officer(s) of Corporation

Insulation Permit Information Residential Other Not Required

TRI CITY INSULATION 418 PERSON ST 910 486-8855
Insulation Contractor's Company Name & Address FAY NC 28301 Telephone

Commercial Jobs must fill out this portion
Sprinkler System Information

Sprinkler Contractor's Company Name

Contact & Telephone

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Contact & Telephone

Address

License #

Signature of Officer(s) of Corporation

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

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

Sign & date

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, 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.

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

7-30-07
Date

**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

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

Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

_____ Has/have not 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.

Firm Name: R & R ENTERPRISES OR FBT

Sign/Title: Kurt Reed CEO

Date: 7-20-07

Plan Box Number C-7

Job Name R. I. R.

Date: 7-30-07

Required Inspections for SFA/SFD

Appl. # 0650015959
Valuation \$138,584
Sq. Feet 2133

Sequence

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