

* 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 # 06-50015960

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: ROBINSON - DR5070 LLC Date: 5-15-07
Address: 2004 MERCURY DR. GREENVILLE, NC Phone: 252-717-0510
Directions to job site from Lillington: 210 RT ON RAT RD. RT ON NURSERY ROAD, LEFT ON DOCS ROAD 1 MILE ON LEFT
Subdivision: COLONIAL HILLS Lot: 42

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 HOUSE

General Contractor Information

Heated SF 1861 Crawl Space Building Construction Cost \$ 135,000
Unheated SF 625 Slab () Acres Disturbed 0.3 Stories 1

RJR ENTERPRISES OF RAY (910) 391-2079
Building Contractor's Company Name Telephone (910) 977-2562
5431 RODWELL RD RAY NC 28371 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 250 Electrical Cost \$ 4500
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 WHITEHEAD RD FAY, N.C. 28312 100064
Address License #

Carl Hone
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work INSTALL HW
Number of Units 2 Type System HP Mechanical Cost \$ 7500

Blanton's Heating + A/C 910-822-2866
Mechanical Contractor's Company Name Telephone
1769 Pamakee Drive Fayetteville NC 28301 H3-20688
Address License #

Chris Blanton
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work INSTALL HW
Number of Baths 2 Plumbing Cost \$ 7200

ALLEN R. CANTORAN 910-476-2565
Plumbing Contractor's Company Name Telephone
1551 YARBOROUGH RD PARKTON NC. 8910-PI
Address 28371 License #

Allen R. Cantoran
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

all attach

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

5-15-07
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 OF FDT, LLC

Sign/Title: Ruth Reed CEO

Date: ~~5-15-07~~ 5-15-07

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

Owner's Name: ROBIBSON - DESOTO Date: _____

Address: _____ Phone: _____

Directions to job site from Lillington: _____

Subdivision: COLOUPH HILLS Lot: 42

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

Total Project Cost: _____ Description of Proposed Work: _____

General Contractor Information

Heated SF _____ Crawl Space () Building Construction Cost \$ _____
Unheated SF _____ Slab () Acres Disturbed _____ Stories _____

Building Contractor's Company Name Telephone

Address License #

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

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: _____ Amps

Electrical Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Number of Units _____ Type System _____ Mechanical Cost \$ _____

Mechanical Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work ISSUE NEW PLUMBING
Number of Baths 2 Plumbing Cost \$ 5600

Dance Johnson Plumbing 910-424-6712
Plumbing Contractor's Company Name Telephone

3242 mid pine Dr Fcy NC 28306 7756-P1
Address License #

Wanda Bleacher
Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

Insulation Contractor's Company Name & Address Telephone

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Construction Type: (Please Check) Building Use: (Please Check)
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 Renovation Addition Other Modular Multi-Family

Total Project Cost: _____ Description of Proposed Work: _____

General Contractor Information

Heated SF _____ Crawl Space () Building Construction Cost \$ _____
Unheated SF _____ Slab () Acres Disturbed _____ Stories _____

Building Contractor's Company Name _____ Telephone _____

Address _____ License # _____

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

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: _____ Amps

Electrical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

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 CENTRA
Mechanical Contractor's Company Name _____ Telephone _____

235 GUN CLUB DR PINEHURST NC 28374 29043
Address _____ License # _____

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

Plumbing Permit Information

Description of Work _____
Number of Baths _____ Plumbing Cost \$ _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

Insulation Contractor's Company Name & Address _____ Telephone _____

Plan Box Number C-3

Job Name ROBINSON-DE SOTO

Date: 5-15-07

Required Inspections for SFA/SFD

Appl. # 0850015960
Valuation \$ 161,519
Sq. Feet 2486

Sequence

10	<u>✓</u>	R* Bldg. Footing
10-30	<u>✓</u>	R* Elec. Temp Service Pole
20	<u>✓</u>	R* Building Foundation
20	<u>✓</u>	Address Confirmation
30-999	<u>✓</u>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<u>✓</u>	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	<u>✓</u>	R* Insulation
60	<u>✓</u>	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	<u>✓</u>	Envir. Operations Permit

