

\* 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 # 0650016028R

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: RBC Homes, Inc. Date: \_\_\_\_\_  
Address: 5511 Ramsey Street, Suite 100 FAY, NC 28311 Phone: 910 423 3555  
Directions to job site from Lillington: \_\_\_\_\_

Subdivision: Colonial Hills Lot: 56

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 1597 Crawl Space () Building Construction Cost \$ \_\_\_\_\_  
Unheated SF 406 Slab () Acres Disturbed \_\_\_\_\_ Stories 2

RBC Homes, Inc. Telephone 910 423-3555  
Building Contractor's Company Name  
5511 Ramsey Street Suite 100 FAY NC 28311 License # 55806 U  
Address

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

Sandy Ridge Elect., Inc Telephone 910 323-2458  
Electrical Contractor's Company Name  
454 Whitehead Road FAY, NC 28312 License # 10006 U  
Address

Signature of Officer(s) of Corporation

**Mechanical Permit Information**

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

PONCO Telephone 910 858-7300  
Mechanical Contractor's Company Name  
P.O. Box 747 PARKTON, NC 28371 License # 16556  
Address

Signature of Officer(s) of Corporation

**Plumbing Permit Information**

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

BASS PLUMBING Telephone 910 237-7996  
Plumbing Contractor's Company Name  
841 Lakespur Drive FAY NC 28311 License # 22895  
Address

Signature of Officer(s) of Corporation

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

INSULATION, INC. 1212 Home Ct RAL, NC 27603 Telephone 919 772 9000  
Insulation Contractor's Company Name & Address

**Sprinkler System Information - Commercial**

Sprinkler Contractor's Company Name

Contact Person

Address

Signature of Officer(s) of Corporation

Telephone

License #

**Fire Alarm System Information - Commercial**

Fire Alarm Contractor's Company Name

Contact Person

Address

Signature of Officer(s) of Corporation

Telephone

License #

**Driveway Access**

NC Department of Transportation Driveway Access/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, 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.

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

Date

June 19, 2007

**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: RBC Homes, Inc

Sign/Title: [Signature] President

Date: 6/19/07

Plan Box Number DZ

Job Name RBC

Date: 6-20-07

Required Inspections for SFA/SFD

Appl. # 06-50016028  
Valuation 130073  
Sq. Feet 2002

Sequence

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