

\* 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 # 06-50016039

**Harnett County Central Permitting**

PO Box 65 Lillington, NC 27546

Telephone Number 910-893-7525 www.harnett.org

**Application for Building and Trade Permit**

A5

Owner's Name: ROBINSON - DESOTO LLC Date: 3-22-07  
Address: 2004 MERCURY DR GREENVILLE NC 27858 Phone: 252 717-0510

Directions to job site from Lillington: 210 RT ON RAY RD. RIGHT ON NURSERY ROAD LEFT ON DOCS RD 1 MILE ON LEFT

Subdivision: COLONIAL HILLS Lot: 67

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

Total Project Cost: \_\_\_\_\_ Description of Proposed Work: \_\_\_\_\_

**General Contractor Information**

Heated SF 1761 Crawl Space ( ) Building Construction Cost \$ 125,000  
Unheated SF 606 Slab (X) Acres Disturbed 0.1 Stories 1

R&R ENTERPRISES OR FAY, LLC 910 391-2079  
Building Contractor's Company Name Telephone

5431 RODWELL ROAD FAY NC 28311 102661  
Address License #

Keith Reid  
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 ELEC. INC. 910-323-2458  
Electrical Contractor's Company Name Telephone

454 WHITEHEAD RD FAY, N.C. 28312 100064  
Address License #

Carl AtHome  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

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

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

ALLEN R. COLKAMAN 910-476-2565  
Plumbing Contractor's Company Name Telephone

1551 YARBOROUGH RD PARKTON NC. 28910-PI  
Address 28371 License #

Allen R. Colkaman  
Signature of Officer(s) of Corporation

**Insulation Permit Information Residential (X) 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

3-22-07  
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: RA R ENTERPRISES OF RAY

Sign/Title: Keith Reid CEO

Date: 3-23-07

Plan Box Number A-5

Job Name R. + R. ENTERPRISE

Date: 3-28-07

Required Inspections for SFA/SFD

Appl. # 0650016039

Valuation \$154,958

Sq. Feet 2385

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 type="checkbox"/>	Open Floor
30-999	<input checked="" type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input checked="" 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

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Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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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

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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 INSTALL NEW PLUMBING  
Number of Baths 2 Plumbing Cost \$ 5300

Dance Johnson Plumbing 910-424-6712  
Plumbing Contractor's Company Name Telephone  
3242 mid pine Dr Foy NC 28306 7756-PI  
Address License #

Wanda Bleacher  
Signature of Officer(s) of Corporation

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

Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_