

* 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 # 23719

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7625 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit

Owner's Name: Sturtz LLC Date: 1-29-10
Site Address: 15 Emma Ct Phone: 910 977-2562
Directions to job site from Lillington: Hwy 401 S TRight on W REAVES
Bridge Rd.

Subdivision: Kenlan Farms Lot: 2
Description of Proposed Work: New construction #Bedrooms: 3
Heated SF 1770 Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab

General Contractor Information

GARY ROBINSON HOMAS 910-977-2562
Building Contractor's Company Name Telephone
5511 Ramsey St, Suite 300 67530
Address License #
[Signature]

Must sign & fill out second page

Electrical Permit Information

Description of Work _____ Service Size: _____ Amps TPole: yes/no
Coastal Carolina 910 824-0162
Electrical Contractor's Company Name Telephone
1722 Gillespie Street 14072-11
Address License #
[Signature]

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Coastal Carolina
Mechanical Contractor's Company Name Telephone
1722 Gillespie Street NC09980
Address License #
[Signature]

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ # Baths _____
Boss Plumbing 910 977-7996
Plumbing Contractor's Company Name Telephone
406 DeHavilland DR 22895
Address License #
[Signature]

Signature of Officer(s) of Corporation

Insulation Permit Information

TRICITY Insulation 910 237 0457
Insulation Contractor's Company Name & Address Telephone

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.

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

1-29-10
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: GARY ROBINSON HOMES
Sign w/Title: *Gary Robinson* OWNER Date: 1-29-10

Plan Box Number G-7

Job Name KENLAN FARMS

Date: 2-16-2010

Required Inspections for SFA/SFD

Appl. # 10-50023719

Valuation \$150,929

Sq. Feet 2323

Sequence

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