

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

SCANNED
5/10/10
DATE

Application for Residential Building and Trades Permit

Owner's Name: JJTB INVESTMENTS Date: 5-10-10

Site Address: 33 Emma Ct Phone: _____

Directions to job site from Lillington: ~~Hwy 4015~~ Hwy 4015
TR on West Ramoss Bldgs Road Approx 2 miles on left.

Subdivision: Kenlan Farms Lot: 3

Description of Proposed Work: New Construction # of Bedrooms: 3

Heated SF: 1823 Unheated SF: 450 Finished Bonus Room? N Crawl Space: _____ Slab:

General Contractor Information

GARY ROBINSON HOMES 910-977-2562
Building Contractor's Company Name Telephone

5511 Ramsey St. Suite 300
Address

[Signature] 67530 Building
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information

Description of Work Electrical New Const Service Size: 200 Amps T-Pole: Yes No

Coastal Carolina 910 824-0162
Electrical Contractor's Company Name Telephone

1722 Gillespie St. Fay NC 28306
Address

[Signature] NC09980
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical/HVAC Contractor Information

Description of Work HVAC NEW CONSTRUCTION 910 978-4072
Mechanical Contractor's Company Name Telephone

1722 Gillespie St. Fay, NC 28306
Address

[Signature] 14072-4
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information

Description of Work Plumbing New Construction # Baths 3
Plumbing Contractor's Company Name Telephone

Bass Plumbing 910 977-7996
Plumbing Contractor's Company Name Telephone

406 Dshau. land Rd Fay, NC 28311
Address

[Signature] 22895
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

Trinity 910 486-8855
Insulation Contractor's Company Name & Address Telephone

*NOTE: General Contractor must fill out and sign the second page of this application.

MAY 10 ENTD

LIC # ALL BACKWARDS

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.

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

5-10-10
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: CRAIG ROBINSON HOMES

Sign w/Title: Craig W. Robinson OWNER Date: 5-10-10