Application # 10 5302 4999

* 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

Application for Residential Building and Trades Permit

Owner's Name: AB GARY Robinson Ho	MES
Site Address: 300 Tacticle Deive Directions to job site from Lillington: Take Hwy 210 S	Phone: 910 977-2562
Directions to job site from Lillington: Take Hwy 210 5	TL into subdivision
on Tacticle DRIVE	
on reas racine verse	
	Lot: 54
Subdivision: Gwen Oaks	
Description of Proposed Work: NEW Construction	# of Bedrooms:
Heated SF: 1770 Unheated SF: 450 Finished Bonus Room General Contractor Inform	n? <u>YZZ</u> Crawl Space: V Slab:
GARY Robinson Homes	910 977-2562
	Telephone
Building Contractor's Company Name	
5511 Ramsey St. Suite 300	garyrabinsonhomes@yaha.com Email Address
Address	67530
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Inform Description of Work Wew Construction Service	mation
Description of Work WEW Construction Service	Size: <u>265 Amps 1-Fole: 5-F68</u>
Sandy Ridge Electric	9/0 323 - 2458 Telephone
Electrical Contractor's Company, Name	relephone
454 Whitehead Rd	Email Address
Address Lone	NC 10006 U
- o.M., -A a&O.,por/Contractor/Officer(S) Of COLOUIDU	License #
Mechanical/HVAC Contractor	Information
Description of Work HEW Construction	012:211 0 5811
OIL OPPOUND HEATTONG Edin	9102149584
Mechanical Contractor's Company Name	Telephone
9025 plo Fagetteuille Rd	Email Address , /
Address	29992 H3 Class 1
/ W/h / MMES 105 Corporation	License #
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Info	
Description of Work New Constaution	# Baths 3
_ ')/ /	910 237- 79960
Bass Tlumbing Plumbing Contractor's Company Name	Telephone
841 Lalerspur De Address	Email Address
LANGER OF DEL	22895p-1
Bignature of Owner/Contractor/Officer(s) of Corporation	License # '
Insulation Contractor Info	ermation GIA 237 (2015)
TRI City 13/dg PROducts	910 231 045 / Telephone
Insulation Contractor's Company Name & Address	reichione

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

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)		
Do you own the land on which this building will be constructed? YesNo		
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		
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? YesNo		
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 of Owner/Contractor/Officer(s) of Corporation 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:		
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.		
set forth in the permit:		
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		
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		
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		
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		

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	25,90	No lerat
Application #_	25791	_ issued
Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits Certification of Work Performed By Owner/Con (Individual Trade Application)	25001V 24 998V tractor 24 999V	
Owner (s) of Structure:Phone	: 25000V	2508
Owner (s) Mailing Address:		
	 	
Land Owner Name (s):Phone		
Construction or Site Address:		
Job Cost:Description of Work to be done		The second secon
Plumbing: Water/Sewer Tap Number of Baths Water H Specific Directions to Job from Lillington:	eater	
Subdivision:Lot #:		
(Contractors Name) will provide the Plandans (Trade) (Trade) I am the building owner or my NC state license number is 24204-1		
perform such work on the above structure legally. All work shall comply w	ith the State Building Code	
and all other applicable State and local laws, ordinances and regulations.		
Company Name: Dell Hair DBA Dell Acir Phone: 910 Address: 76/2 Docc montary DR. Fax. 1 County: Comber Ganel Contractor's License #	C1 28306	
*Company name, address, & phone must match information or		

Gary Robinson Homes, LLC.

5511 Ramsey Street, Suite 300 (910) 401-5505 October 6, 2010

Harnett County Central Permitting 108 E. Front Street Lillington, NC 27546

Attn:

V.C. Brown

Re:

Plumbing Subcontractor Changes

Gary Robinson Homes authorizes that the following plumbing permits need to be changed to Dale Haire Plumbing:

- Gwen Oaks, Lot 14/
- Gwen Oaks, Lot 20 -
- Gwen Oaks, Lot 23
- Gwen Oaks, Lot 52-
- Gwen Oaks, Lot 53-
- Gwen Oaks, Lot 54/
- Gwen Oaks, Lot 55/
- Gwen Oaks, Lot 58/
- Kenlan Farms, Lot 32

If you have any questions regarding these changes, please contact me at (919) 441-5656.

Thanks,

Billy Elmore

Gary Robinson Homes, LLC.

Plan Box Number 4-9

Job Name Gary Robinson

Date: 9-16-10

Required Inspections for SFA/SFD

Appl. # 10-5-2499**%** Valuation <u>\$ 149,565</u> Sq. Feet 2502

Sequence

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