

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

Application # 10 500 25000

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: GARY Robinson Homes Date: 9/1/10
Site Address: 266 Tactical Dr. Phone: 910 977-2562
Directions to job site from Lillington: Take Hwy 210 S TL into subdivision on ~~Tactical~~ Tactical DRIVE

Subdivision: Gwen Oaks Lot: 53
Description of Proposed Work: New Construction # of Bedrooms: 3
Heated SF: 2050 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 garyrobinsonhomes@yahoo.com
Address Email Address
[Signature] 67530
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole: Yes No
Sandy Ridge Electric 910 323-2458
Electrical Contractor's Company Name Telephone
454 Whitehead Rd
Address
[Signature] NC 10006 U
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical/HVAC Contractor Information

Description of Work New Construction
All around Heating & Air 910 214 9584
Mechanical Contractor's Company Name Telephone
9025 Old Fayetteville Rd
Address
[Signature] 29992 H3 class 1
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information

Description of Work New Construction # Baths 3
Bass Plumbing 910 237-7996
Plumbing Contractor's Company Name Telephone
841 Lakespur Dr
Address
[Signature] 22895P-1
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

TRI City Bldg Products 910 237 0457
Insulation Contractor's Company Name & Address Telephone

*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)

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 W. Robinson
Signature of Owner/Contractor/Officer(s) of Corporation

9/9/10
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 W. Robinson* Date: 9/9/10

10500 25192
25190
25191
25193
25001 ✓
24998 ✓
24999 ✓
25000 ✓
No permits issued
25088

Application # _____

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Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: _____ Phone: _____

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN or Parcel # from GIS: _____

Job Cost: _____ Description of Work to be done _____

Mechanical: New Unit With Ductwork _____ New Unit Without Ductwork _____ Gas Piping _____

Electrical*: 200 Amp _____ <200 Amp _____ Service Change _____ Service Reconnect _____ Other _____
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap _____ Number of Baths _____ Water Heater _____

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I Dell Haire will provide the Plumbers labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 24204-P-1, which entitles me to

perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature: _____ Date: _____

Company Name: Dell Haire DBA Dell Haire Plumbers Phone: 910 429 9939

Address: 7612 Documentary DR. Fayette NC 28306

County: Comber Canal Contractor's License #: 24204 P-1

Contractor's Signature: Dell Haire Date: 10/9/10

*Company name, address, & phone must match information on license.

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

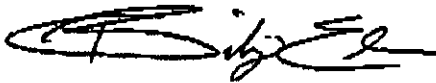
Re: Plumbing Subcontractor Changes

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.