

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

Application # 10-500-25088

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

SCANNED  
8/23/10  
DATE

**Application for Residential Building and Trades Permit**

Owner's Name: KC Property Investments LLC Date: 8/17/10  
Site Address: Lot 32 Kenlan Farms Phone: 910 977-2562  
Directions to job site from Lillington: Take Hwy 401 S TR onto West Reaves Bridge Road then left into subdivision on Kenlan Rd -

Subdivision: Kenlan Farms Lot: 32  
Description of Proposed Work: New Construction Home # of Bedrooms: 3  
Heated SF: 1750 Unheated SF: 420 Finished Bonus Room? Y Crawl Space:      Slab:     

AUG 23 2010

**General Contractor Information**

Gary Robinson Homes Telephone: 910 977-2562  
Building Contractor's Company Name  
5511 Ramsey St. Suite 300 Email Address: garyrobinsonhomes@yahoo.com  
Address  
[Signature] License #: 67530  
Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Contractor Information**

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

**Mechanical/HVAC Contractor Information**

Description of Work New Construction  
All Around Heating & Air Telephone: 910 214 9584  
Mechanical Contractor's Company Name  
9025 Old Fayetteville Rd Email Address:       
Address  
[Signature] License #: 27992 H3 class 1  
Signature of Owner/Contractor/Officer(s) of Corporation

**Plumbing Contractor Information**

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

**Insulation Contractor Information**

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

\*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.

*Mary Roberson*  
Signature of Owner/Contractor/Officer(s) of Corporation

8/19/10  
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: *Mary Roberson Homes*

Sign w/Title: *Mary W. Roberson owner* Date: *8/17/10*

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

Application # \_\_\_\_\_

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PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793  
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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. Fayetteville, NC 28306

County: Cumberland 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.