\* Each section below to be filled out by whomever performing work. Must be contrac name 8

e owner or licensed	Harnett County Central Permitt PO Box 65 Lillington, NC 27546	
ctor. Address, company & phone must match	910-893-7525 Fax 910-893-2793 www.harnett	.org/permits
	Application for Residential Building and	Trades Permit
Owner's Name:	J MORRIS Construction	Date: 10-25-10
		Phone: 919-441-5656
	om Lillington:	
		·
Subdivision: KEM	lan Farms	Lot: <u>3(</u>
Description of Proposed Work:		
Heated SF: U	nheated SF: Finished Bonus Room?	Crawl Space: Slab:
	General Contractor Information	<u>on</u>
Gary Robinson Homes Building Contractor's Company Name		<u>910-477-2562</u> Telephone
	St. Swite 300	<u>garyrobinsonhomes</u> gahoo, com Email Address
Address / //		Email Address
Day hit		67530
	ontractor/Officer(s) of Corporation Electrical Contractor Informat	License #
Description of Work _/	Electrical Contractor Informat	a: <u>20</u> 𝒪 Amps T-Pole: ✓_YesNo
Sandy Ridge	<u>Electric</u> Company Name	910-323-2458
		Telephone
Address // /o	ack Rd., Easyetteville	Email Address
Address Kuth Com	l	NC 10006U
Gignature of Owner/Co	ontractor/Officer(s) of Corporation	License #
	Mechanical/HVAC Contractor Infor	mauon
A	New Construction	910-214-9584
Mechanical Contractor		Telephone
9025 Old F	Eayetteville Rol, Foyetteville	
Address		Email Address
Sapature of Owner/Co	ntractor/Officer(s) of Corporation	<u>29992 H3 Clas</u> s I License #
	Plumbing Contractor Informat	
Description of Work	New Construction	# Baths
Dell Haire Pla Plumbing Contractor's	ambing	<u> 910-818-4863</u>
		Telephone
Address	estary Dr., Fayetleville, NC 28306	Email Address
Del flan	L	<u>24-20491</u> License #
Signature of Owner/Co	ntractor/Officer(s) of Corporation Insulation Contractor Informat	
Tel con a .	<b>^</b>	910-237-0457
Insulation Contractor's	Company Name & Address	<u>910 - 237 - 0457</u> Telephone

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Application # 10-50025197

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

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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?YesNo			
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?			
3. Do you intend to directly control & supervise construction activities?YesNo			
4. Do you intend to schedule, contract, or directly pay for all phases ofYesNo			
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?			
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 <u>any</u> 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. <b>EXPIRED PERMIT FEPS</b> 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			
Signature of Owner/Contractor/Onicer(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:			
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: GARU Robinson Homes			
Company or Name: CARY Robinson Homes Sign w/Title: Nay WRG Dunen Date: 10-14-10			
Sign w/Title: Nay WRG DUMEN Date: 10-14-10			

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NAB

Plan Box Number

Job Name Gary Robinson Date: 10-26-18

Required Inspections for SFA/SFD

Appl. # 10-500-25197 Valuation #150 929 Sq. Feet 2323

Sequence

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R\* Bldg. Footing R\* Elec. Temp Service Pole **R\*** Building Foundation Address Confirmation **Open Floor** R\* Bldg. Slab Insp. R\* Elec. Under Slab R\*Plumb. Under Slab Four Trade Rough In Four Trade Rough In> 2500 Three Trade Rough In Three Trade Rough In> 2500 Two Trade Rough In Two Trade Rough In> 2500 One Trade Rough In One Trade Rough In > 2500**R\*** Insulation Four Trade Final Four Trade Final > 2500 Three Trade Final Three Trade Final > 2500 Two Trade Final Two Trade Final > 2500 **One Trade Final** One Trade Final > 2500 Envir. Operations Permit