

25838

Application #

* 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: Royal Oaks Building Group, LLC Date:

Site Address: 112 Red Coat Drive Phone: 919.233.3886

Directions to job site from Lillington: Head South on Main St toward Front St; Turn Right at NC 210 S;

Turn Right on Overhills Rd; Turn Left on Overhills Rd; Continue onto Nursery Rd; Turn Right at NC 24W/87N;

Turn Right at Sawyer Rd

Subdivision: Village of Lexington Lot: 159

Description of Proposed Work: Single Family Home # of Bedrooms: 3

Heated SF: 1889 Unheated SF: 919 Finished Bonus Room? Crawl Space: Slab: [checked]

General Contractor Information

Royal Oaks Building Group, LLC 919.233.3886
Building Contractor's Company Name Telephone
1210 Trinity Road, Ste 102 Raleigh, NC 27607 kwesterman@royaloaksbg.com
Address Email Address
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information

Description of Work Electrical Rough-In and Final Service Size: 200 Amps T-Pole: [checked] Yes No
Imperial Electric 919-363-7474
Electrical Contractor's Company Name Telephone
PO Box 162, Apex, NC 27502
Address Email Address
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical/HVAC Contractor Information

Description of Work install HVAC and duct system
Stewart's Heating and Air 919-362-0387
Mechanical Contractor's Company Name Telephone
2430 Reliance Ave, Apex, NC 27539 Chris.Thorne@stewartsheatingandair.com
Address Email Address
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information

Description of Work plumb single family home # Baths 2.5
Barbour and Pourron 919-533-4455
Plumbing Contractor's Company Name Telephone
PO Box 934, Clayton, NC 27528
Address Email Address
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

Tatum Insulation II 919-661-0999
Insulation Contractor's Company Name & Address Telephone

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

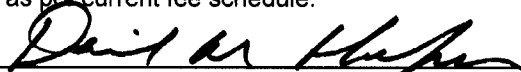
Homeowners Applying to Build Their Own Home

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.


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

12/20/10
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: Royal Oaks Building Group, LLC

Sign w/Title: Daniel M. Hays Project Manager Date: 10/19/10

